IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 14402 PIN# 4649 65 2034 DATE 9/10/07

OWNER OR APPLICANT Diamond Custom Homes PHONE: Business 704-489-2145 Home

ADDRESS 3697 N Hwy 16 Denver, NC. 28037

LOCATION 115 N TL 1st FH Loop TL Rankin Hill Rd TR Tykin Way on (L) off Culdesac

SUBDIVISION Magic Forest BLOCK / SECTION B LOT 11 LOT AREA .774 ac SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 ✓ Gallons; STB 794 Date 11/19/07

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Diagram → 25% Reduction

Repair System Description: LP - PPBPS 16"

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons No. Employees

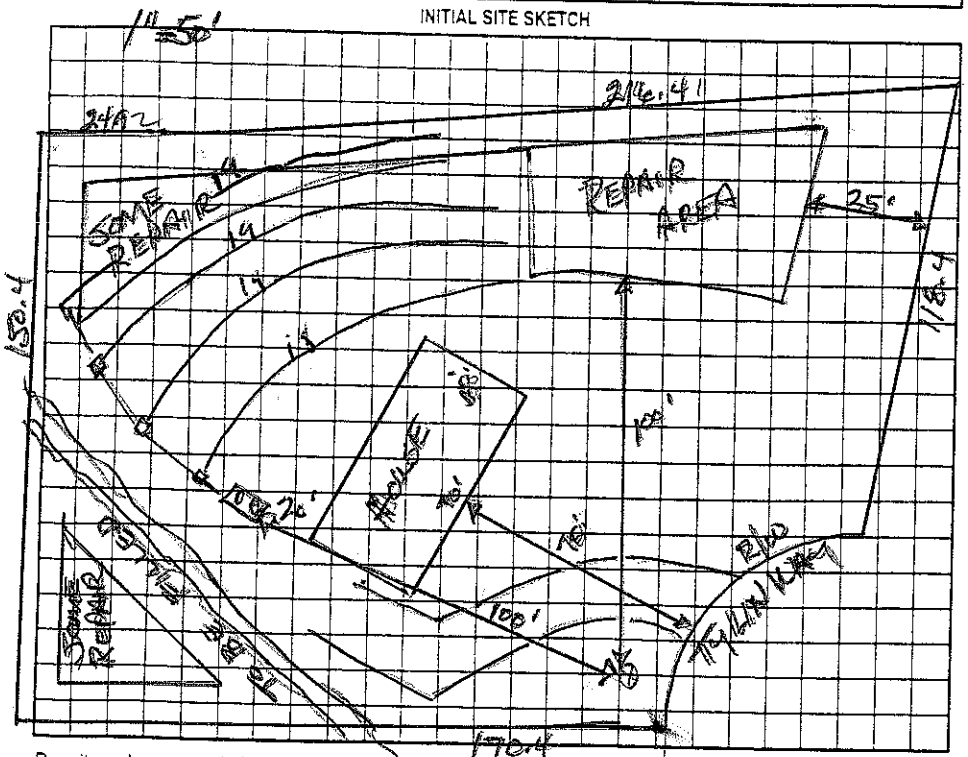
Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: No Changes without ICHD Approval.

Comments:/Conditions: HO 75' x 3' TRENCH INSTALLED

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Shirley M Kinney date 9/17/07

Improvement Permit by: Wesley Sparks RS date 9/10/07

Authorization to Construct by: Wesley Sparks RS date 9/10/07

Installed by: A-1 Backhoe

Operation Permit by: Wesley Sparks RS. date 12/20/07

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK