IREDELL COUNTY HEALTH DEPARTMENT

ESVILLE 7 - 05/3 Paid 200 Thompson

MOORESVILLE 704-664-5281

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

PERMIT# 111904 PIN# ~~4649-75-0165.44~~ 4649 85 1542.000 DATE 4/22/05

OWNER OR CONTRACTOR PRIMESTAR PROPERTIES / Expression Homes PHONE: Business ~~938-9100~~ 704-528-9160 Home

ADDRESS 1709 S. Main St KANNAPOLIS NC 28081

LOCATION FLOWER HOUSE - TL RANKIN HILL - TL MAGIC FOREST - LOT ON RT - SEPTIC ON LEFT ON LOT 44

SUBDIVISION MAGIC FOREST BLOCK / SECTION 1 LOT 49 LOT AREA .67AC SITE CLASS. /S DESIGN FLOW 360GPD L.T.A.R. .36 ~~/ Acc~~

Septic Tank: 1000 Gallons; STB 1012 Date 9/13/04
Pump Tank: 1000 Gallons; PT 19 Date 10/11/04
Pump Make: Goulds Model US10-3HM Serial No. A054164 44
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5 C60 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP 25% REDUCTION OFFSITE
Repair System Description: LP PANEL OFFSITE
Maintenance Agreement Required: ☐ Yes ☑ No

☐ ~~House/Mod.~~ Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 3 No. Employees

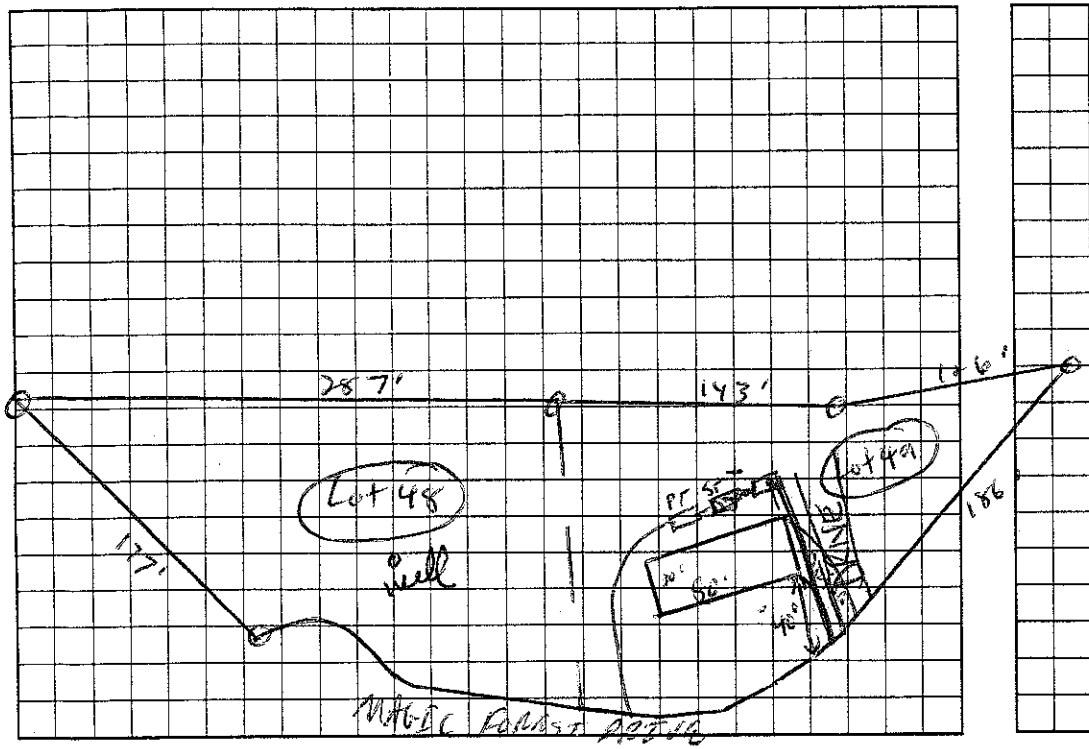
Water Supply: ☐ Individual ☐ ~~Public~~ ☐ Community

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

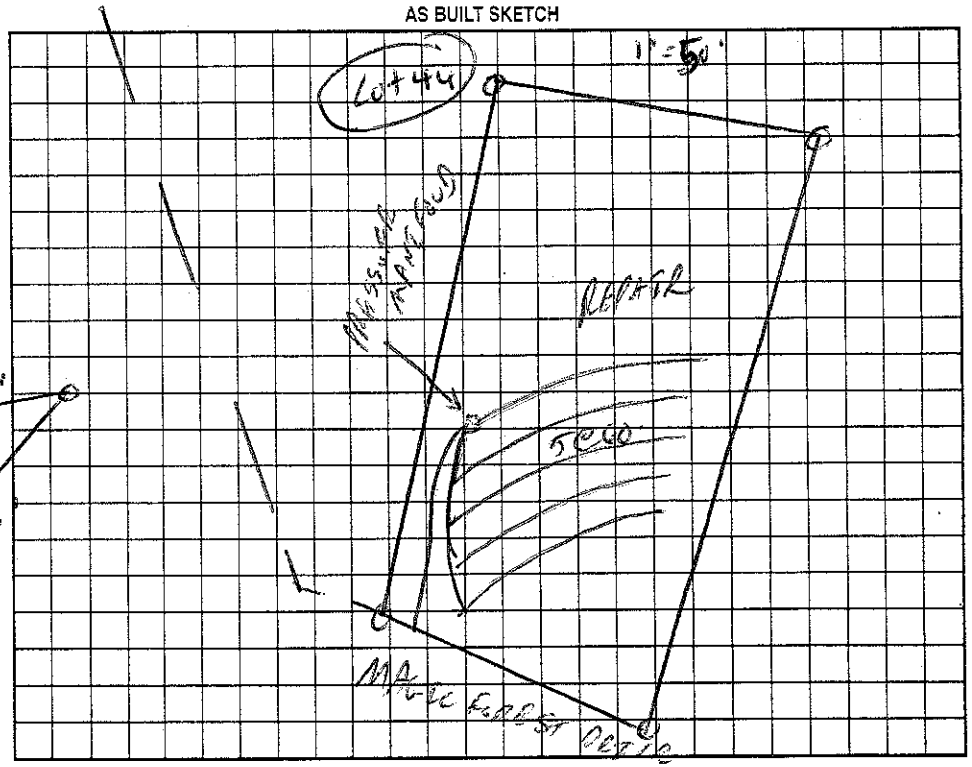
Comments:/Conditions: LOTS 48 & 49 COMBINED - DO NOT ISSUE A/C UNTIL LOTS ARE RECORDED PROPERLY - WITH SHOWN PIPE RUNS TO EASEMENT

Comments:/Conditions: Tanks, Pressure, Trench

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: _____ date _____ Installed by: Craig Thompson

Improvement Permit by: _____ date 4/22/05 Operation Permit by: _____ R.S. date 5/12/05

Authorization to Construct by: _____ R.S. date 4/28/05 Existing System Inspection by: _____ date _____

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