IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106238 PIN# 4705-83-3255 DATE 4/30/02

OWNER OR CONTRACTOR Iris Thompson PHONE Business — Home 1-321-729-1129

ADDRESS 2898 Starlight Circle NE, Palm Bay Florida 32905

LOCATION Hwy 90 W, @ Collipsee Forest Rd (3) Massey Neal Rd 2nd lot on left past Excel Drive

SUBDIVISION Forest Hills BLOCK / SECTION — LOT 2 LOT AREA .66 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R.

Septic Tank: 1,000 Gallons: STB 10/2 Date 12-16-01

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields 1 Square Feet 200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

X New System ☐ Repair System Type: I, II, III, IV, V, VI Conv. 25% Reduction

System Description: ~~Conventional~~ 25% Reduction

Repair System Description: Pump 50% Reduction

Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home No. Bedrooms 3

X Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

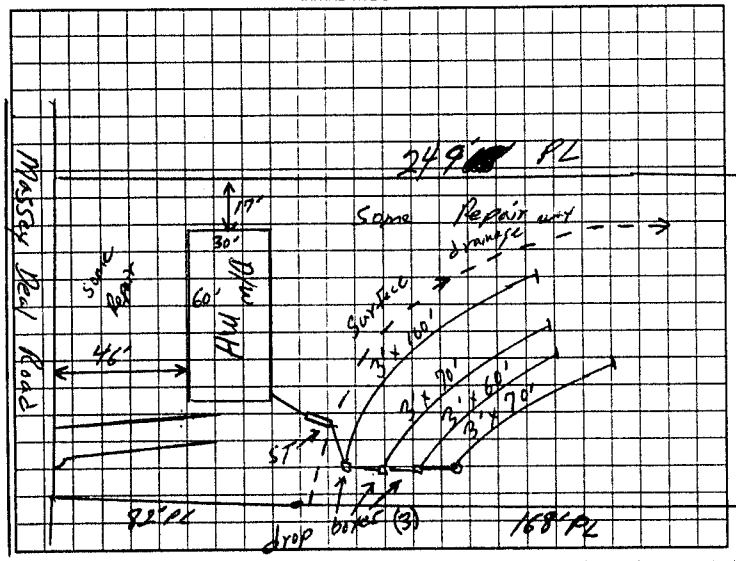
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual X Public ☐ Community

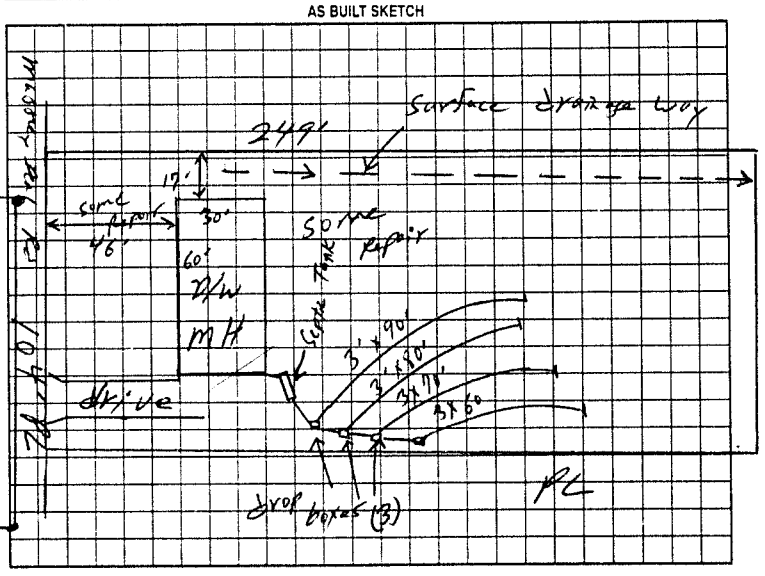
Comments/Conditions: ① Install 25% Reduction System ② Install Surface Drainage as shown to keep H2O off System ③ Maintain proper setbacks ④ Install Lines on Contour

Comments/Conditions: - 300 Ft E-2 Box Installed
- S.T. Marker Installed
- Poly Lok Filter 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: [signature] date 5-6-02 Installed by Tommy Frye

Improvement Permit by: William O. Johnson date 4/30/02 Operation Permit by William O. Johnson date 5/7/02

Authorization to Construct by: William O. Johnson date 4/30/02 Existing System Inspection by: date

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