THIS PERMIT VOIDS PREVIOUS ISSUED 3-27-2003

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CL) MOORESVILLE 704-664-5281

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

PERMIT# 130603 PIN# 4706 44 2160 DATE 9/13/05

OWNER OR CONTRACTOR JASON KOMP / RIGSBEE HOMES PHONE: Business 704 634 3317 Home 704 658 0951

ADDRESS 105 STUMPY CREEK RD MOORESVILLE, NC 28117

LOCATION HWY 70 N (L) ROBERTSON RD BEAR (R) RIDGE RUN DR (R) LOT 142 RIDGE RUN DR

SUBDIVISION Ridgewest II BLOCK / SECTION II LOT 21 LOT AREA .54 ACRES SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 750 Date 8-7-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

[X] New System [ ] Repair System Type: I (II) III IV V VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: LP PIPES
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms ____
[ ] Business No. Employees ____
[ ] Other ____

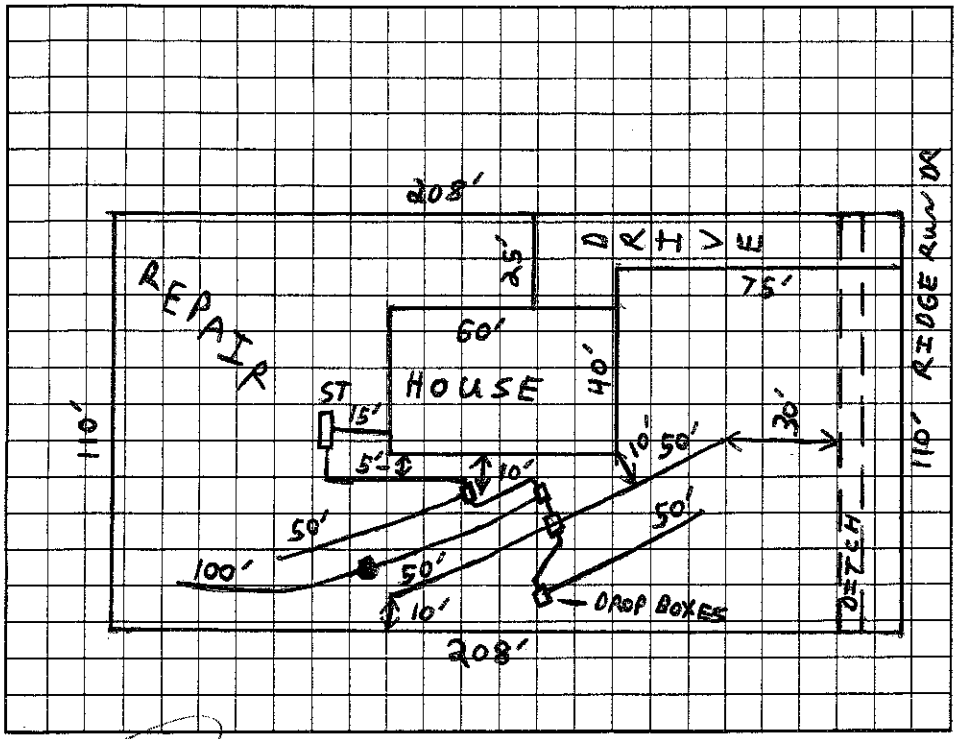
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

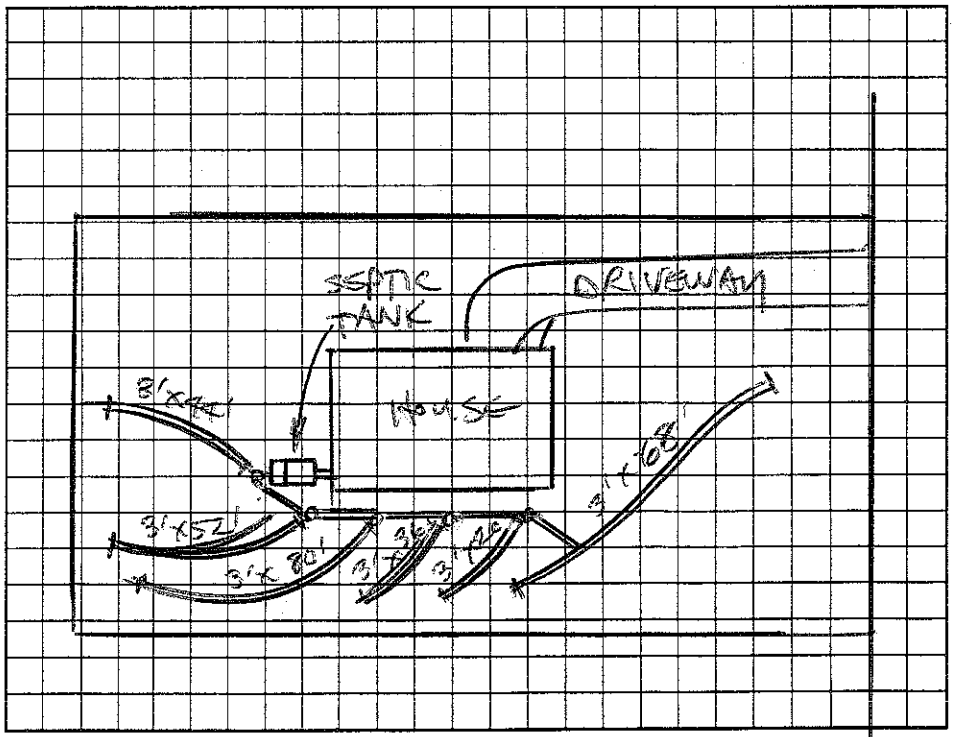
Comments:/Conditions: INSTALL ON CONTOUR. MAINTAIN SOXBACKS.

Comments:/Conditions: (1) SYSTEM ALTERED AS SHOWN BELOW DUE TO HOUSE PLACEMENT (2) SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK PL-68" RISER

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 9/21/05 Installed by: G & M ENT.

Improvement Permit by: ____ date 9/13/05 Operation Permit by: STEVE HENDRICK date 1-27-06

Authorization to Construct by: ____ date 9/13/05 Existing System Inspection by: ____ date ____

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