Kathleen Karelitz Permit #178588 This Permit Replaces Permit issued 10-3-07 RSF

IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 158727 PIN # 4722-69-3555 DATE 10-28-09

OWNER or APPLICANT Kathleen Karelitz / Spray Cons. PHONE: Business (704) 361-7518 Home:

OWNER or APPLICANT ADDRESS 607 Anderson Ave Salisbury, N.C.

LOCATION / DIRECTIONS Buffalo Shoals TL Davison N. TR winding Cedar - Lot on Rt.

SUBDIVISION Davidson Woods BLOCK / SECTION 3 LOT # 66/66A LOT AREA 4.27 ac. DESIGN FLOW 480/0 L.T.A.R. 0.5/1.0

Septic Tank 1000 Gallons: STB 825 Date 3-02-10
Pump Tank 1000 Gallons: PT 302 Date 1-3-10
Pump Make ____ Model ____ Serial # ____
Nitrification Field No Fields 1 No Lines 4 Linear Feet 400
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A ☐ GRAVITY ☑ PRESSURE

☑ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI
System Description: 25% Reduction / Press. Manif.
Repair System Description: LPP PPBPS
Maintenance Agreement Required ☐ YES ☑ NO

☑ Residence No. Bedrooms 4
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☑ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: System + Repair Located Offsite.

Comments / Conditions:

INITIAL SITE SKETCH

Install system according to Rollins Soil & Environmental Services Design Attached.

House site changed as shown on Revised site plan attached.

AS BUILT SKETCH

Location of the proposed 12'X16' Accessory Bldg addition does not appear to impact the existing on-site septic system.**NOTE:

Justin Henderson REHS

Date: 5-6-13

ICHD-Environmental Health Division

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 w / plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 11-2-09

Improvement Permit by: [signature] RS Date 28 Oct. 09

Authorization to Construct by: [signature] RS Date 28 Oct. 09

Installed by: Rowan Septic

Operation Permit by: [signature] Date: 5-6-10

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant