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

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

PERMIT # 152311 PIN # 4725-06-1912 DATE 27 August 09

OWNER or APPLICANT Suburban Propane PHONE: Business 704-902-0900 Home:

OWNER or APPLICANT ADDRESS 3658 Taylorsville Hwy. Statesville, N.C.

LOCATION / DIRECTIONS Hwy 90 on Rt. before West Industrial Park

SUBDIVISION BLOCK / SECTION LOT # LOT AREA DESIGN FLOW 100 gpd L.T.A.R.

Septic Tank Existing Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields No Lines Linear Feet

Trench Width Max. Trench Bottom Depth Gravel Depth

☐ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI

System Description:

Repair System Description:

Maintenance Agreement Required ☐ YES ☐ NO

☐ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms

☑ Business No. Persons

☐ Other No. Employees 4

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions

Comments / Conditions

INITIAL SITE SKETCH

AS BUILT SKETCH

* Rebuilding office on existing foundation.

Original permit attached.

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 8-27-09

Improvement Permit by: Date

Authorization to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: [signature], R.S. Date: 27 August 09

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