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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140539 PIN# 4725-64-7711 DATE 20 February 07

OWNER OR APPLICANT Rick Labuda PHONE: Business 704-872-3883 Home 704-873-5128

ADDRESS 302 Starmount Dr. Statesville, N.C. 28677

LOCATION Hwy 90 TR Monticello Dr. one mile & on left just before Timberbrook Ln.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.25 gpd/ft²

Septic Tank: 1000 g Gallons; STB TP-1432 Date 9-31-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: Follow contours / + 24" max trench depth /

Comments:/Conditions: Filter installed / Tank has marker

INITIAL SITE SKETCH

* See Attached Site Plan

AS BUILT SKETCH

Installed as Drawn

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 plan 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 21 Feb 07

Improvement Permit by: _____, R.S. date 20 Feb. 07

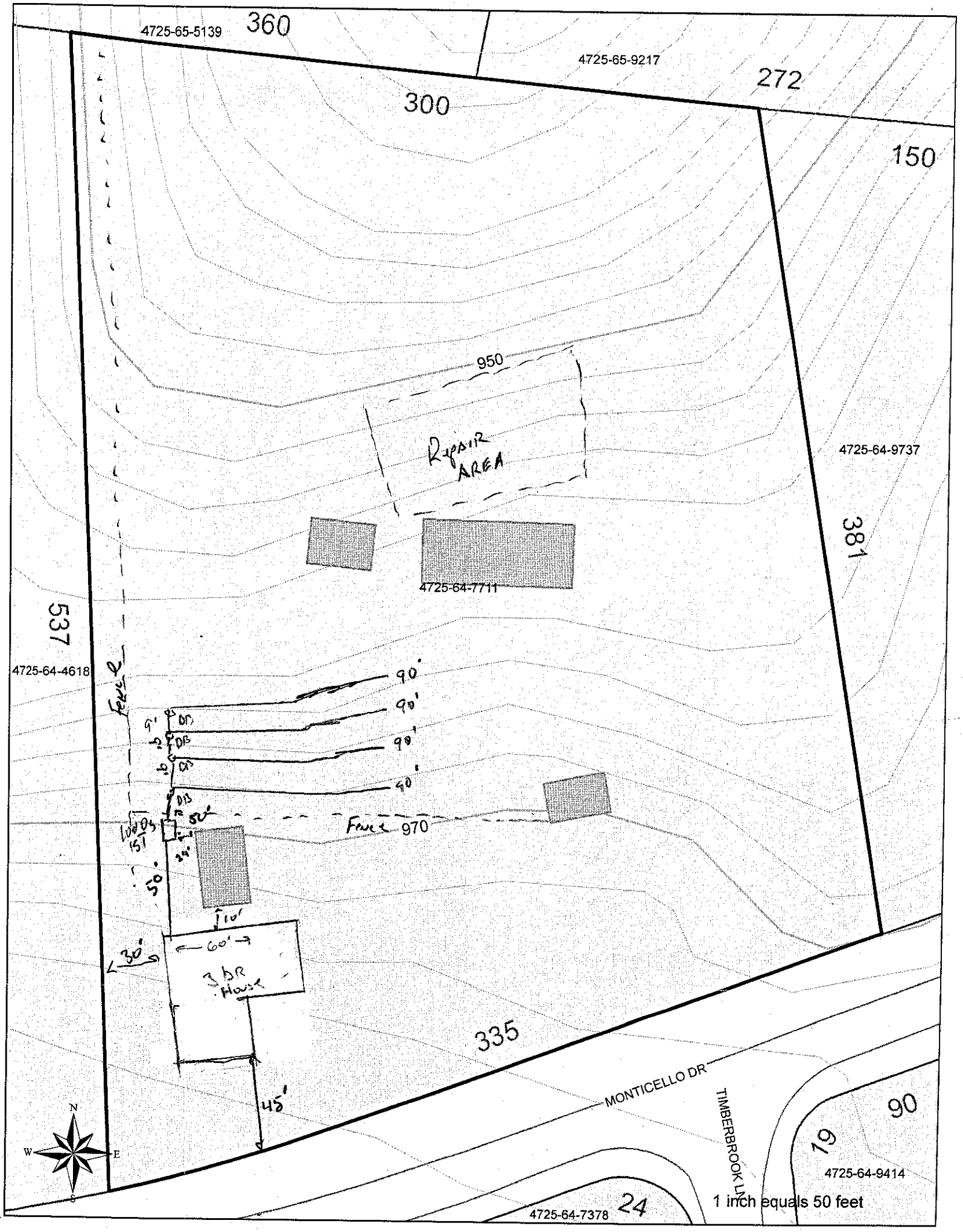
Authorization to Construct by: _____, R.S. date 21 Feb. 07

Installed by: A-1 Dennis Gaither

Operation Permit by: _____, R.S. date 9 April 07

Existing System Inspection by: _____ date _____

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


4725-65-5139
360
4725-65-9217
272
300
150
950
REPAIR AREA
4725-64-9737
381
4725-64-7711
537
4725-64-4618
FENCE
90'
90'
90'
90'
9'
DB
DB
DB
DB
52'
FENCE 970
50'
10'
60'
30'
3 BR HOUSE
45'
335
MONTICELLO DR
TIMBERBROOK LN
90
19
4725-64-9414
24
4725-64-7378
N
W
E
S
1 inch equals 50 feet