IREDELL COUNTY HEALTH DEPARTMENT

(New Owners) Dan J. & Robin Carlin

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

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

PERMIT# 122099 PIN# 4712890 1406 704-622-3996 DATE 8/25/04

OWNER OR CONTRACTOR ~~Phil Carver~~ ~~T.M. Workman & Co.~~ PHONE: Business ~~336-854-2240~~ Home

ADDRESS ~~PO Box 2257 Ashboro NC 27204~~ 19600 W. Catawba Ave. A-102, Cornelius, NC 28031

LOCATION 115 N - TR BRANCHWOOD - TL RIVERFIELD - TR MOUNTAIN CREST - 2nd ON RT

SUBDIVISION RIDGECREST BLOCK / SECTION #2 LOT 116 LOT AREA 1.878AC SITE CLASS. PS DESIGN FLOW 360GD L.T.A.R. .360/FT2

Septic Tank: 1000 Gallons; STB# TP-STB-1003 Date 3-19-07

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 32" Gravel Depth ____

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: PUMP 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 3 No. Employees ____

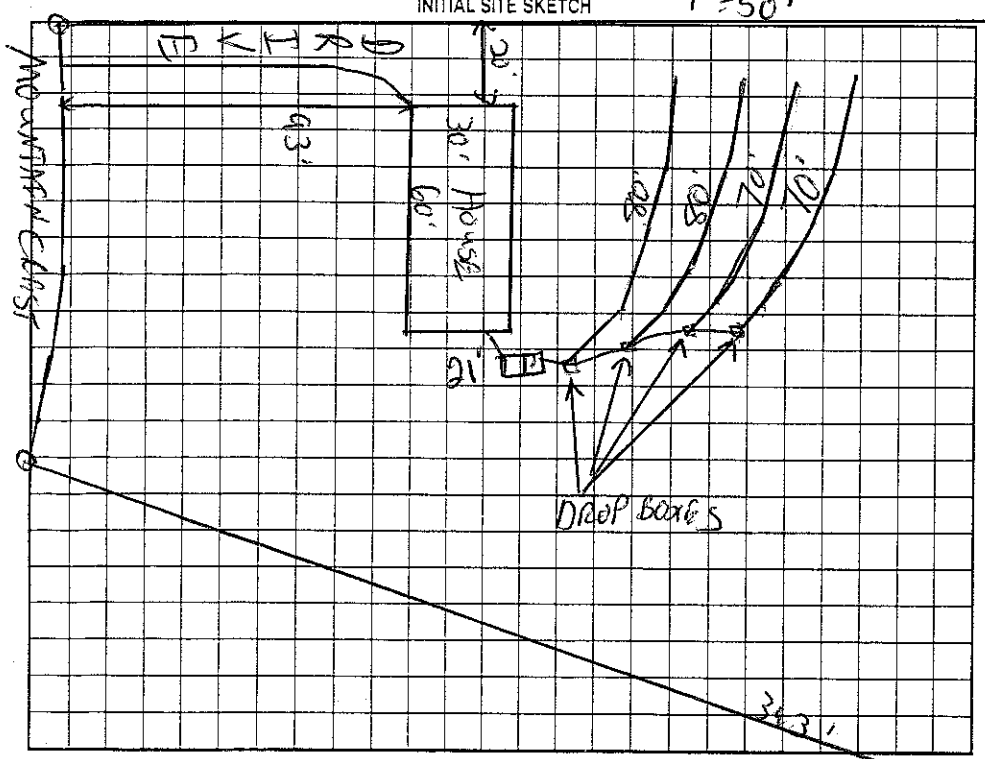
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

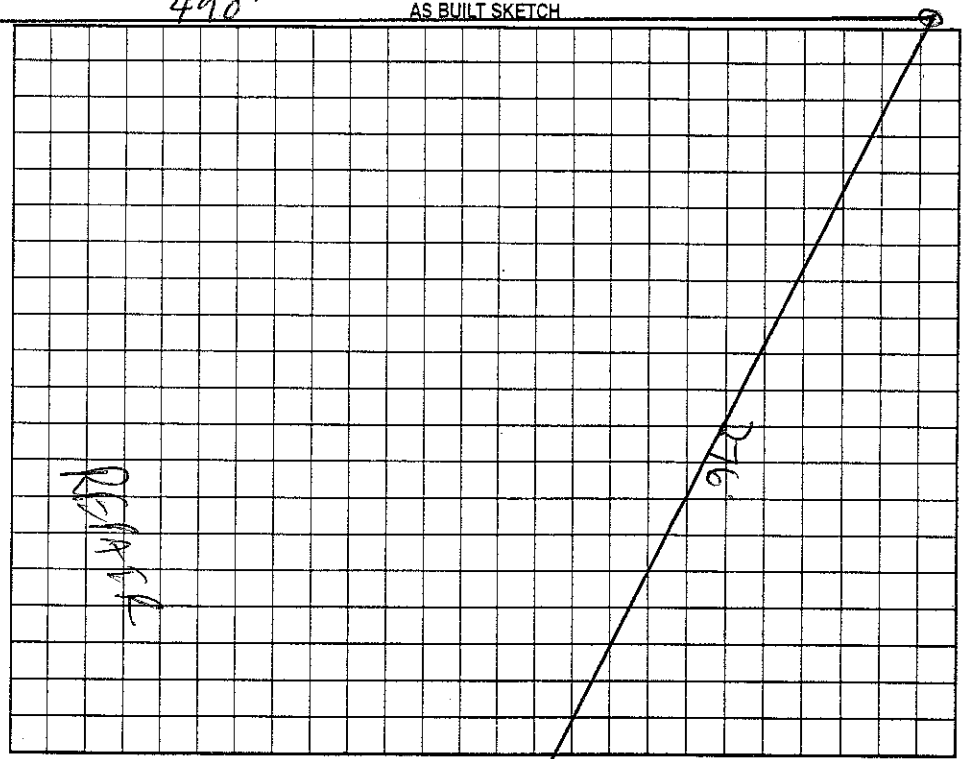
Comments:/Conditions:

Comments:/Conditions: Marker on Tank / Tough-Tite Filter

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH 490'



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: Phil Carver date ____ Installed by: Dennis Callahan - A-1

Improvement Permit by: [signature] date 8/25/04 Operation Permit by: [signature], R.S. date 10ct. 07

Authorization to Construct by: [signature] date 9/25/07 Existing System Inspection by: ____ date ____

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