FOOTHILLS LAND & DEV

CF 270 320 8" 5732

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137084 PIN# 4730355655 DATE 2-13-07

OWNER OR APPLICANT KEMASARE LLC PHONE: Business 704-309-9173 Home 828-322-3280

ADDRESS 835 3RD AVE NW Hickory NC 28601

LOCATION Stark Park RD (C Rosehill WATER AT END DO RT IN CUL-DE-SAC

SUBDIVISION TWIN CREEKS BLOCK / SECTION ____ LOT 13 LOT AREA .65 + .35AC SITE CLASS. P5 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 7-25-07
Pump Tank: 1000 Gallons; PT 319 Date 8-17-07
Pump Make: Gould's Model WE3811 Serial No. ____
Nitrification Field. No Fields 1 Square Feet ED=1600' Linear Feet 270'
No Lines 3 SPLIT END Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: Low Pressure 50% REDUCT
Repair System Description: SAME
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: (1) CALL PRIOR TO INSTALLATION FOR CONSULTATIVE VISIT & SYSTEM SPECIFICATIONS (2) MAINTAIN SETBACKS

Comments:/Conditions:

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LORNE COOK, R.S.

AS BUILT SKETCH

Lorne Cook Kelly Cook NO MARKS
NO Drop Lines
NO Distribution Box
NO Pressure
NO Electronic
NO Floats
NO Alarm
NO Outlet

ELECTRICAL VERIFIED & SEPARATE CIRCUITS/BREAKERS
PUMP
ALARM

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 4/17/06 Installed by: Grant Leatherman

Improvement Permit by: ____ date 2-14-07 Operation Permit by: ____ date 11-16-07

Authorization to Construct by: ____ date 5-2-07 Existing System Inspection by: ____ date ____

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