IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137816 PIN# 4730-50-1953 (JAMES SNYDER (704) 451-0141, 658-1540, 794381 DATE 09/22/06

OWNER OR APPLICANT KELLER WILLIAMS FOR JAMES SNYDER PHONE: Business 704-724-3751 Home 704-451-0425

ADDRESS 514 WILLIAMSON RD, MOORESVILLE, NC 28117

LOCATION HWY 21 S., (R) PERTH RD, (R) STATE PARK RD, (L) HOWELCUTT RD, TO END BRER FOX, STRAIGHT TO DRIVEWAY.

SUBDIVISION LOUISE H. TROUTMAN BLOCK / SECTION ____ LOT 4 LOT AREA 0.794 Ac. SITE CLASS. P3 DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 760 Date 9-28-09
Pump Tank: 1,000 Gallons; PT 363 Date 9-3-09
Pump Make: Barnes Model VCC51H Serial No. J09121711
Nitrification Field: No Fields 1 Square Feet EQ to 1200 Linear Feet 200'
No Lines 4@50' Trench Width 24" Max Trench Bottom Depth 36"

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI
System Description: 50% REDUCTION, PUMP
Repair System Description: 50% REDUC., LOW PRESS.
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Persons ____
[ ] Business No. Employees ____
[ ] Other ____

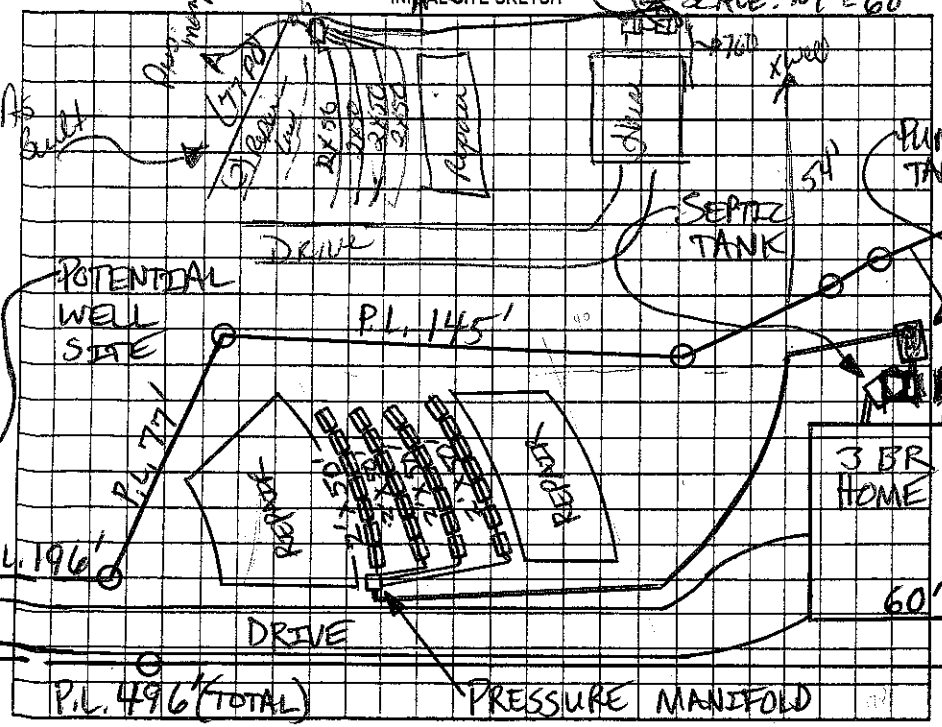
Water Supply: [X] Individual WELL [ ] Public [ ] Community

Gravel Depth N/A [ ] Gravity [X] Pressure [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

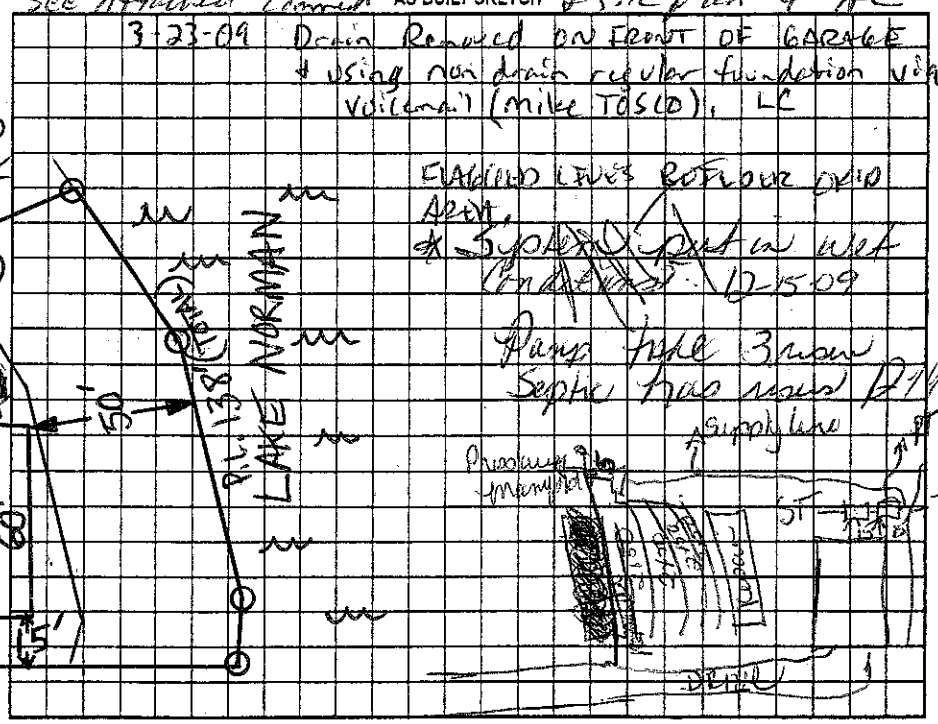
Comments/Conditions: (1) SEE ATTACHED PUMP AND PRESSURE MANIFOLD DIAGRAMS & INFO. (2) CALL FOR REFLAGGING AFTER CLEARING IF NEEDED, (3) USE SCHEDULE 80 1/2" TAPS IN P.M.

Comments/Conditions: * NC Comments * 3-16-09
(1) House must be kept out of ground & backfilled for Positive Drainage. DO NOT CUT! Positive Drainage At 10' And Septic Lines at 5' totaling 15' AS ON Bldrs sketch

INITIAL SITE SKETCH



AS BUILT SKETCH & site plan & Ac



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 [X] Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 9/25/09 Installed by: H.F. Daughtry

Improvement Permit by: [signature] date 09/22/06 Operation Permit by: [signature], R.S. date 22 Dec. 09

Authorization to Construct by: [signature] date 3/16/09 Existing System Inspection by: ____ date ____

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