CF

704-746-3533 VALORIE STEVENS

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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# 138674 PIN# 4730544716 18 DATE 2-5-07

OWNER OR APPLICANT KOMASABE LLC PHONE: Business 828-322-3380 Home 704 309-9173

ADDRESS 935 3RD AVE NW Hickory NC 28601

LOCATION PERTH RD (L) TWIN CREEKS (L) Winding Creek (L) BLUESTREAM IMPROVEMENTS ON RIGHT

SUBDIVISION TWIN CREEKS BLOCK / SECTION 2 LOT 39 LOT AREA 125x201 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 11-07-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 60x160 Linear Feet 400'
No Lines 4x100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: GRAVITY 2 SOLO TRENCH
Repair System Description: LPSOM
Maintenance Agreement Required: ☐ Yes ☒ No

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

Water Supply: ☐ Individual ☒ Public ☐ Community

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

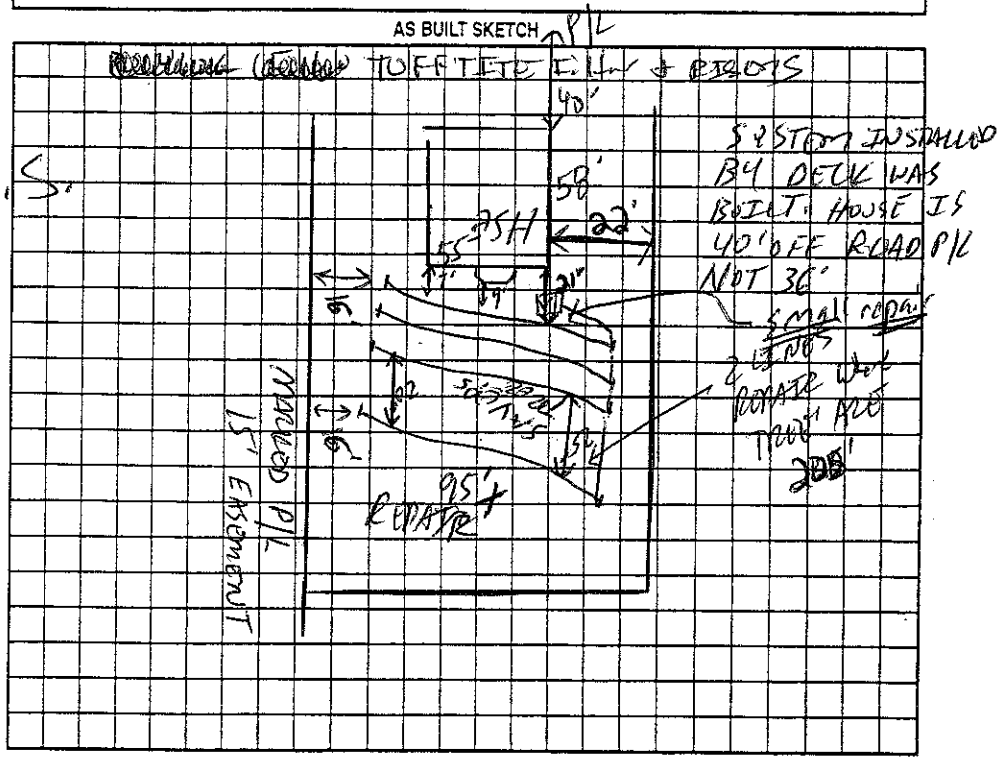
Comments/Conditions: (1) INSTALL LINES ON CONTOURS + MAINTAIN SETBACKS

Comments/Conditions: (1) PER AL MEETING, HOUSE CAN NOT MOVE OUTSIDE OF BOX 8/31/07 Driveway CHANGED ALSO AS DRAWN

INITIAL SITE SKETCH

SEE ATTACHED PLAN DESIGNED BY LORNE COOK, P.S.

AS BUILT SKETCH



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 2/6/07

Improvement Permit by: _____ date 2-5-07

Authorization to Construct by: _____ date 8/1/07

Installed by: ROWAN SEPTIC

Operation Permit by: _____ date 12-13-07

Existing System Inspection by: _____ date _____

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

ATTACHED PLAN

13869.44

4730547.16