CI 1:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138924 PIN# 4730-54-5804 814-833-3493 DATE 12-18-06

OWNER OR APPLICANT ~~KOMFORT LLC~~ Paternity Homes PHONE: Business ~~704-309-9422~~ Home

ADDRESS ~~835 3RD AVE NW Hickory NC 28601~~ 5311 Deerfield Dr., Erie PA 16415

LOCATION State Park RD (L) Twin Creeks Drive (R) Winding Creek (L) Blue Spoon on RT

SUBDIVISION TWIN CREEKS BLOCK / SECTION 2 LOT 32 LOT AREA .58 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 7-23-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 270'

No Lines 6x45 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 60 LINEAR 50%

Repair System Description: LP 50%

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons 6 No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

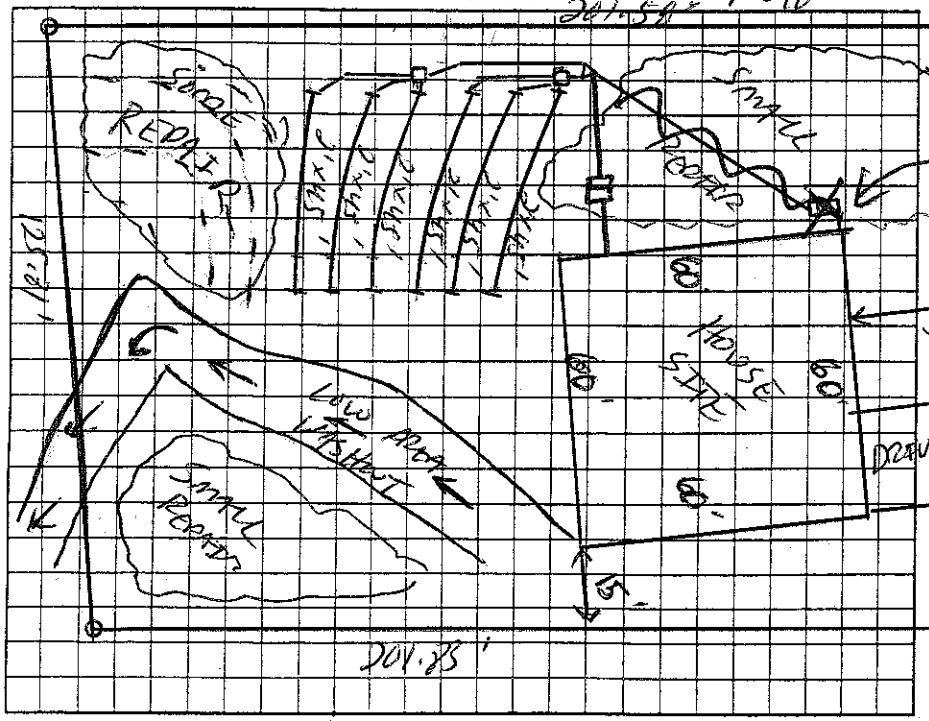
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: (1) INSTALL ONE FLOW DIVIDER TEE & 2 FLOW EQUALIZATION DEVICES AS DRAWN. (2) SYSTEM & HOUSE FLAGGED OUT COMPLETELY. (3) KEEP SYSTEM 15' OFF WATER, IF NOT, FILL & PACK & STAY 5' OFF.

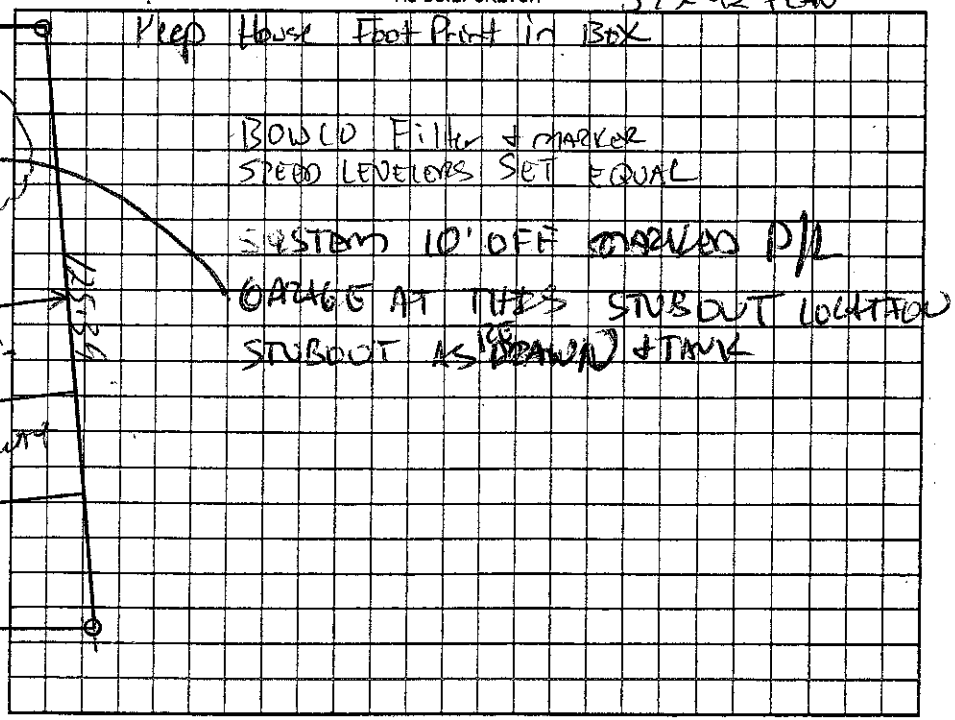
Comments:/Conditions: (4) INSTALL LINES ON CONTOURS & MAINTAIN SETBACK

(1) KEEP HOUSE FRONT IN SAME LOCATION. APPROVED 4 BEDROOM

INITIAL SITE SKETCH 1"=40'



AS BUILT SKETCH 57x42 PLAN



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 12-19-06

Improvement Permit by: ____ date 12-19-06

Authorization to Construct by: ____ date 1-25-07

Installed by: WAYNE CLONTZ

Operation Permit by: ____ date 9-7-07

Existing System Inspection by: ____ date ____

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