Replaces Permit issued 7-19-06 CL

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136756 PIN# 4730-55-2444 DATE 17 July 07

OWNER OR APPLICANT Jeremy Diggs PHONE: Business 704-622-7844 Home 704-821-9511

ADDRESS 111 Allison Dr. Matthews, N.C.

LOCATION Hwy 21 S R Perth Rd. R State Park Rd. L Twin Creeks Dr. L Winding Creek Dr. - Lot on Left.

SUBDIVISION Twin Creeks BLOCK / SECTION II LOT 33 LOT AREA 1.03 Ac. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1000 Date 6-11-07

Pump Tank: 1000 Gallons; PT 274 Date 5-22-07

Pump Make: ZOELLER Model N-152 Serial No. —

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 200

No Lines 4@50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth — ☐ Gravity ☑ Pressure

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

System Description: 50% Reduction- Pressure Manifold

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Persons —

☐ Business No. Employees —

☐ Other —

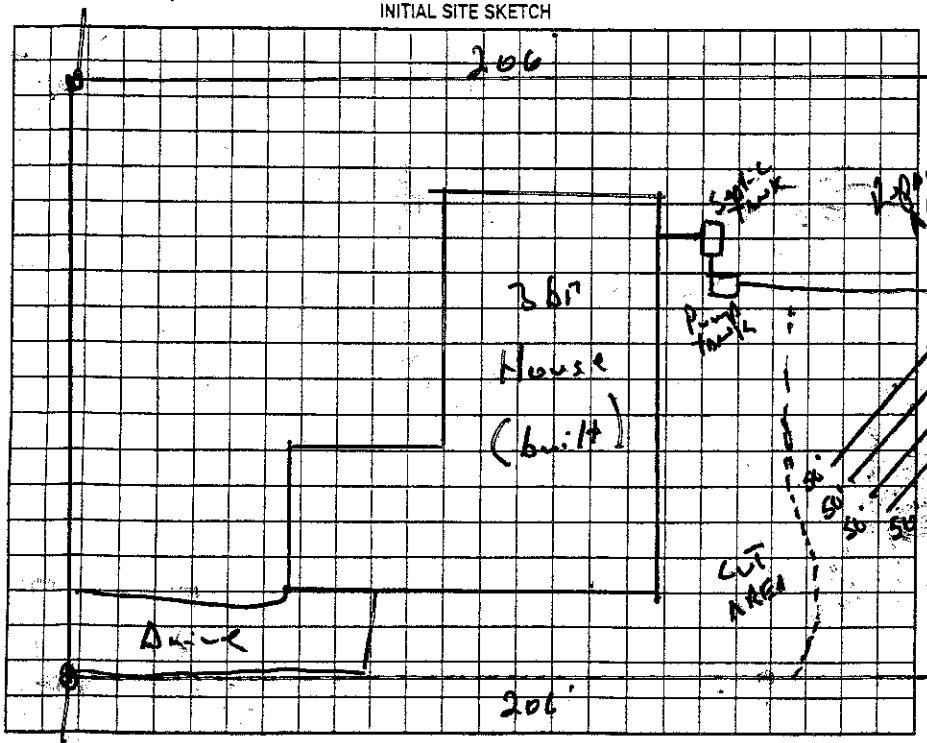
Water Supply: ☐ Individual ☑ Public ☐ Community

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

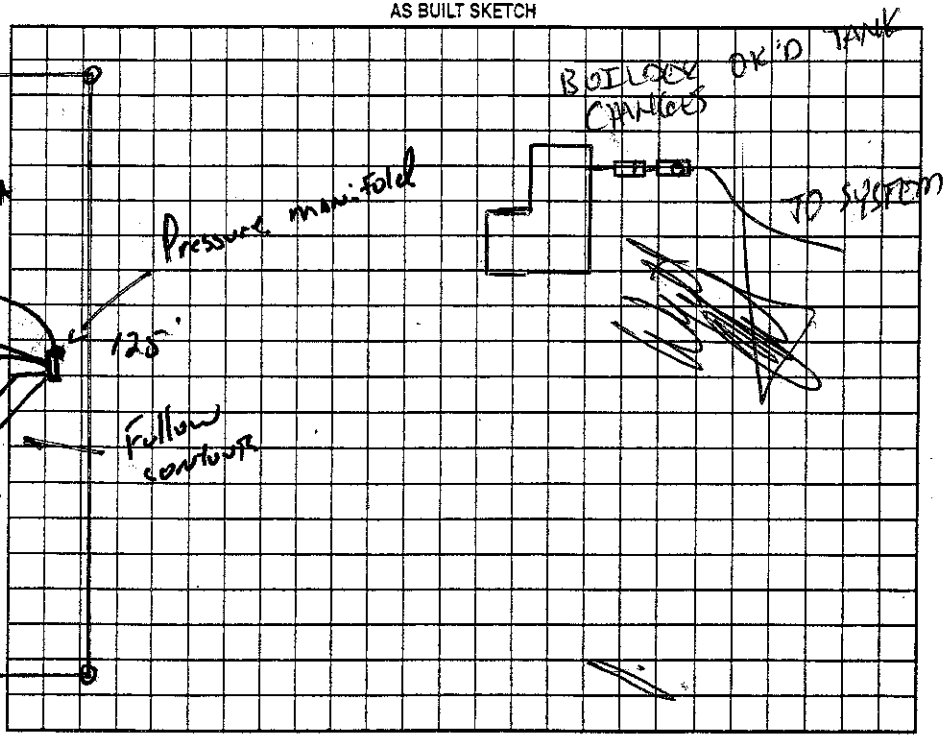
Comments/Conditions: Install 46 panels in equal length lines. (4) Follow contour / Pump & Pressure manifold Diagrams are attached. - Keep 15' from cut area.

Comments/Conditions: Bond Either Risers

INITIAL SITE SKETCH



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 _____

Improvement Permit by: _____, R.S. date 17 July 07

Authorization to Construct by: _____, R.S. date 17 July 07

Installed by: WAYNE CLONTZ

Operation Permit by: Kelly Cook date 9-26-07

Existing System Inspection by: _____ date _____

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