IREDELL COUNTY HEALTH DEPARTMENT

COPY 3

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

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

PERMIT# 129579 PIN# 4730705388.042 4730-60-5504 DATE 9/1/06

OWNER OR APPLICANT ~~BC of NC Inc.~~ ROT VIOREL PHONE: Business _____ Home _____

ADDRESS 5734 14W4 150 E Denver NC 28037

LOCATION Perth(N), TL Winding Forest, TR Crooked Branch, at End

SUBDIVISION Winding Forest BLOCK / SECTION 9 LOT 42 LOT AREA 1.282AC SITE CLASS. P5 DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 1-7-11

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth — ☒ Gravity ☐ Pressure

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

System Description: 25% Reduction

Repair System Description: Pump 25% Reducti

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

Water Supply: ☐ Individual ☐ Public ☒ Community

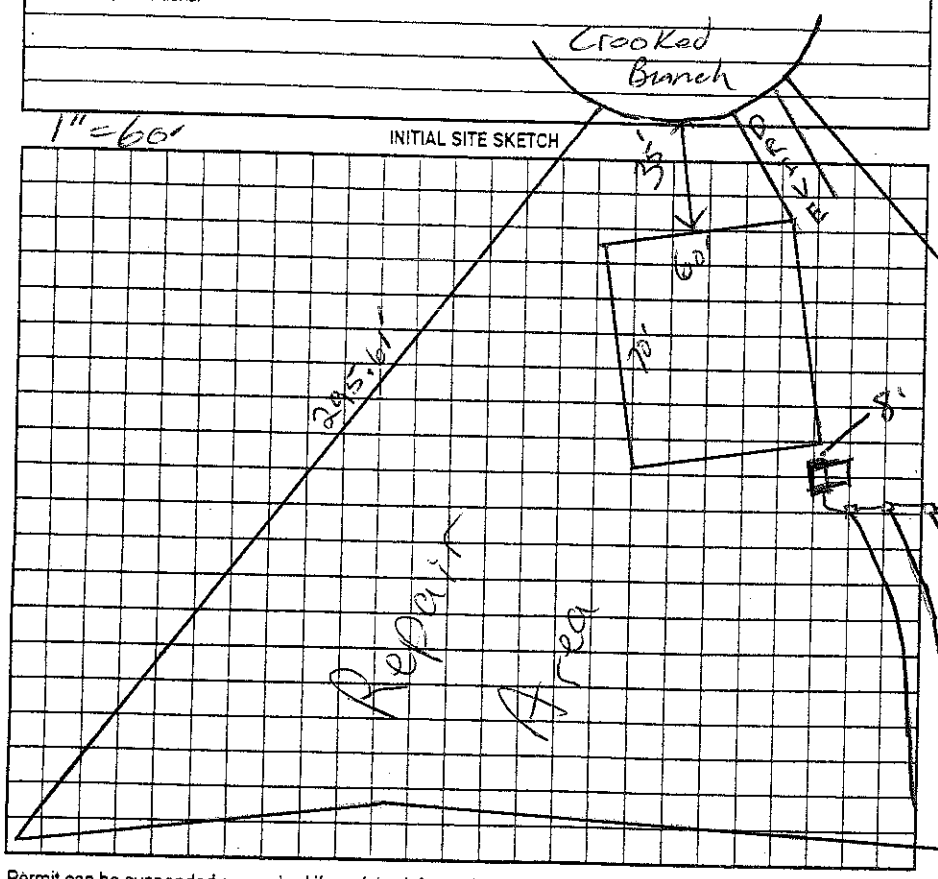
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

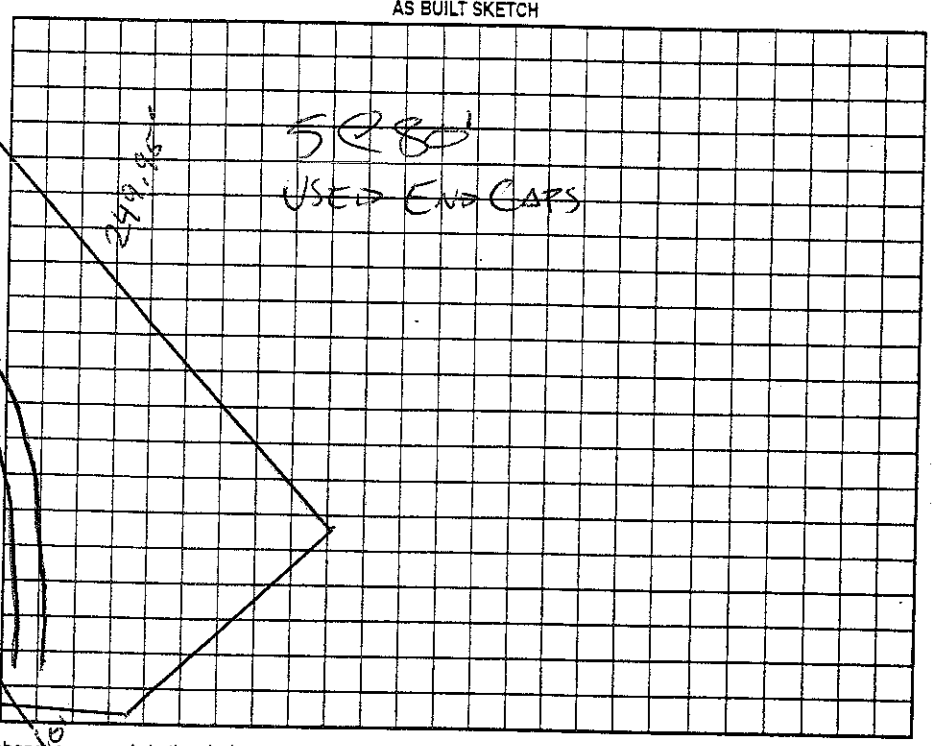
Comments:/Conditions:

1"=60'

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: Deanna Landon date 10-13-06 Installed by: WASTE WATER SOLUTIONS

Improvement Permit by: RS date 9/1/06 Operation Permit by: [illegible] ZENS date 4-19-11

Authorization to Construct by: [illegible] date 9/3/07 Existing System Inspection by: _____ date _____

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