CT

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13798 PIN# 4747630595 DATE 9-26-06

OWNER OR APPLICANT Beau D. Josey PHONE: Business 704 872 2431 Home 704 872 6537

ADDRESS 140 Appaloosa Ln.

LOCATION Hwy 21 (L) on Jennings, (L) on Whites Farm, (R) on Saddlewood, R on Appaloosa Ln, property on right

SUBDIVISION Saddlewood BLOCK / SECTION 2 LOT 38 LOT AREA .536 SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 9-1994
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction - Gravity
Repair System Description: 50% Reduction - LP
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

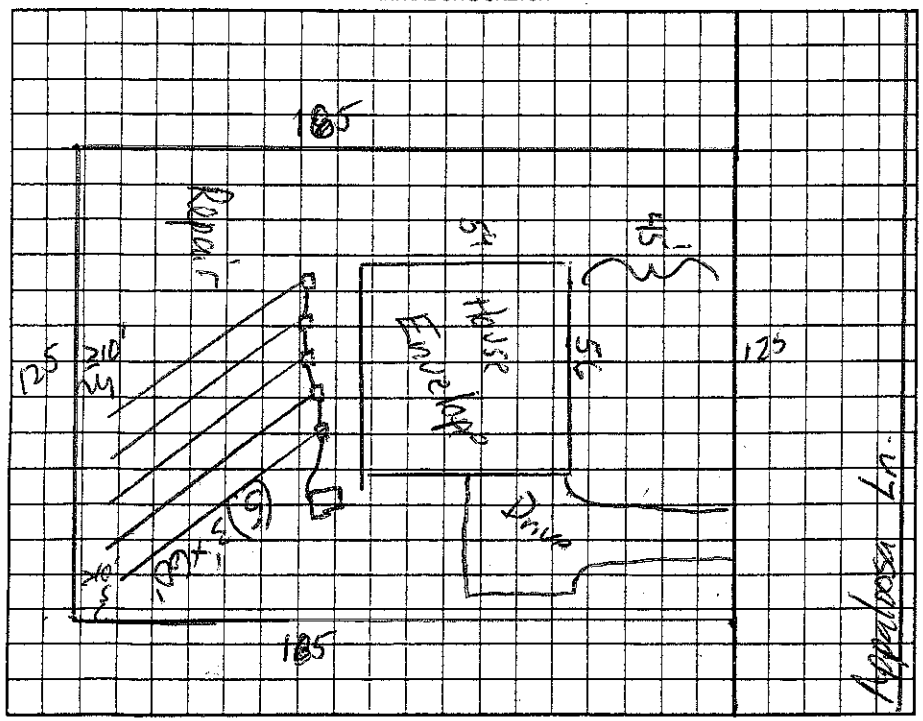
Water Supply: ☐ Individual ☒ Public ☐ Community

Gravel Depth n/a ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

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95 chambers
Yellow tint tank
Septic tank Meter

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: Beau Josey date _____ Installed by: Tommy Frye

Improvement Permit by: _____ date 9/26/06 Operation Permit by: _____ date 3-15-07

Authorization to Construct by: _____ date 9/26/06 Existing System Inspection by: _____ date _____

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