IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 49373 PIN# 4748777446

OWNER OR APPLICANT Koopman Dairies PHONE: Business 704 682 8161 Home 704 876 4909 DATE 4-18-08

ADDRESS 205 Loyd Rd.

LOCATION I-77 exit 59, go towards Citgo, turn left before Citgo on Lentz Rd, Take first Rd on left, Loyd Rd

SUBDIVISION n/a BLOCK / SECTION ____ LOT ____ LOT AREA ____ SITE CLASS. P5 DESIGN FLOW 400 ~~440~~ 480 Bd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 9-19-07

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

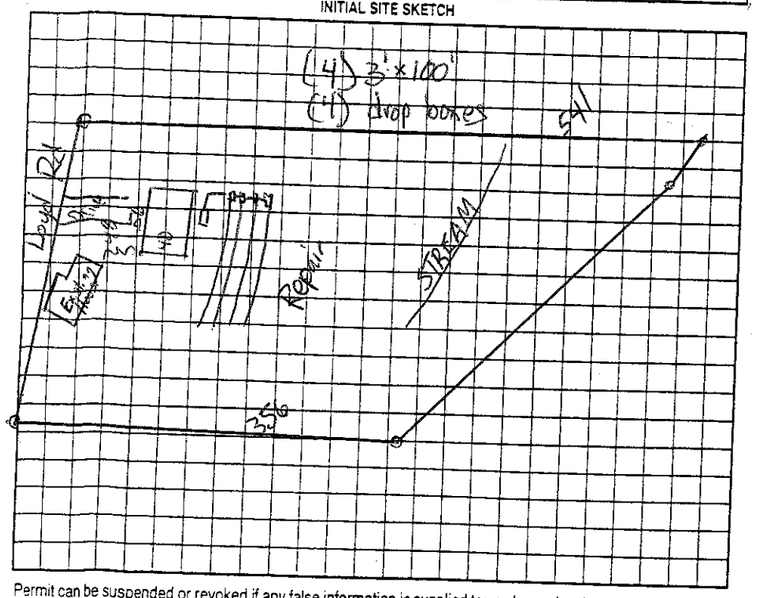
Water Supply: ☒ Individual ● Public ☐ Community

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

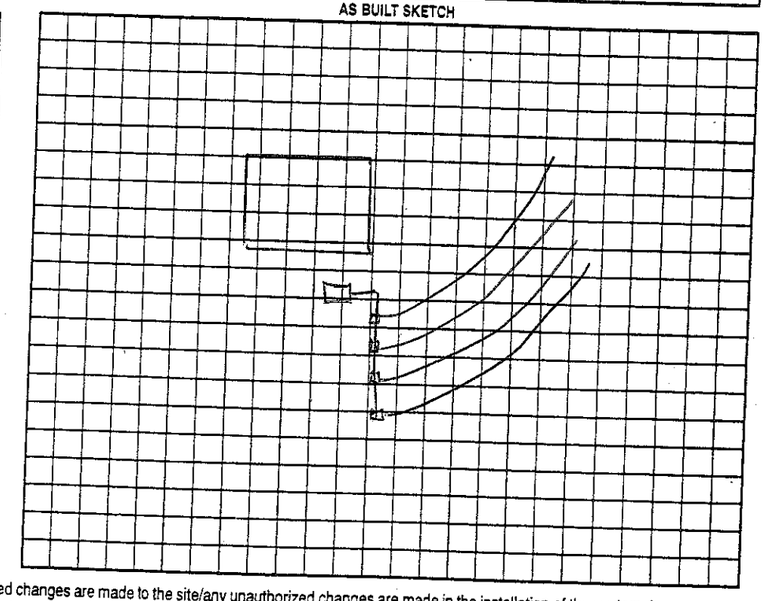
Comments:/Conditions:

Comments:/Conditions:

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: Koopman Dairies by M. Koopman date 4/18/08

Improvement Permit by: [signature] date 4-18-08

Authorization to Construct by: [signature] date 4-18-08

Installed by: Steve Jordan

Operation Permit by: [signature] date 6-23-08

Existing System Inspection by: ____ date ____

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