IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 147800 PIN# 4749934637 DATE 4-7-08

OWNER OR APPLICANT Karen Schulz PHONE: Business 704 692 1474 Home 704 592 2111

ADDRESS 1025 Tomlin Mill Rd

LOCATION I-77 N to exit 59. Make (L) on Tomlin Mill Rd Location .3 miles west on Tomlin Mill Rd

SUBDIVISION n/a BLOCK / SECTION ____ LOT ____ LOT AREA 1.58 SITE CLASS. PS DESIGN FLOW ~~2857~~ 625 L.T.A.R. .3

Septic Tank: 2000 Gallons: STB 467 Date 11-04-07

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 2084 Linear Feet 521 total

No Lines 5 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 Gravity

Repair System Description: 25% Reduction (Pump)

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☐ Mobile Home ☒ Business ☐ Other Service Station 2 Fixtures

No. Bedrooms ____ No. Persons ____ No. Employees 3

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions:

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INITIAL SITE SKETCH

* See attached drawing for diagram
* New fixtures to be plumbed into new system. Existing fixtures remain plumbed into existing system.
* New fixtures include 1 toilet, 1 sink in women's bathroom - 1 urinal in men's room, and 1 toilet, 1 sink in managers/owner's bathroom.
* Must use effluent splitter for distribution

AS BUILT SKETCH

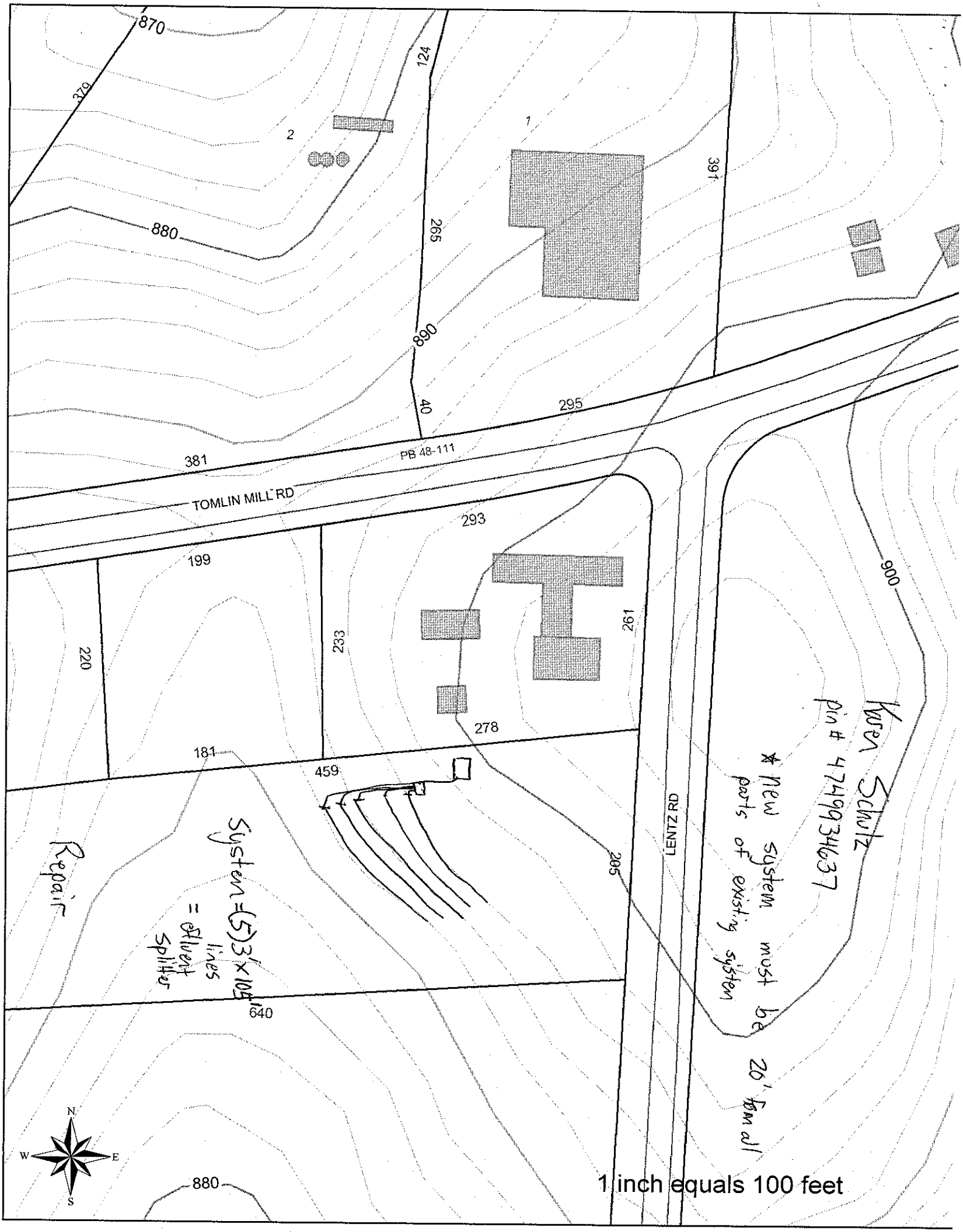
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan 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 4/28/08 Installed by: ____

Improvement Permit by: ____ date 4-7-08 Operation Permit by: ____ date 9-8-08

Authorization to Construct by: ____, R.S. date 8 Apr 08 Existing System Inspection by: ____ date ____

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


870
370
124
2
1
391
880
265
890
40
295
381
PB 48-111
TOMLIN MILL RD
293
199
900
220
233
261
278
181
459
LENTZ RD
205
640
880
Repair
System = (5) 3' x 10' lines
= effluent splitter
Kuen Schulz
pin # 4749934637
* new system must be
parts of existing system
20' from
N
W
E
S
1 inch equals 100 feet