IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (ad) MOORESVILLE 704-664-5281 (ad)

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

PERMIT# 152833 PIN# 4757-37-9875 DATE 10-29-08

OWNER OR APPLICANT TOM PALMER HOMES INC PHONE: Business 980-241-9693 Home

ADDRESS 125 O'HENRY AVE, DAVIDSON, NC 28036

LOCATION US 21 NORTH, TL MAPLE CREEK DR, TL RAVENCREST DR, 6TH LOT ON RIGHT

SUBDIVISION HIGHLANDS@MC BLOCK / SECTION LOT 5 LOT AREA 1.233 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 968 Date 9-23-08
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields Square Feet 1028 Linear Feet 260
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 25% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons
☐ Business No. Employees
☐ Other

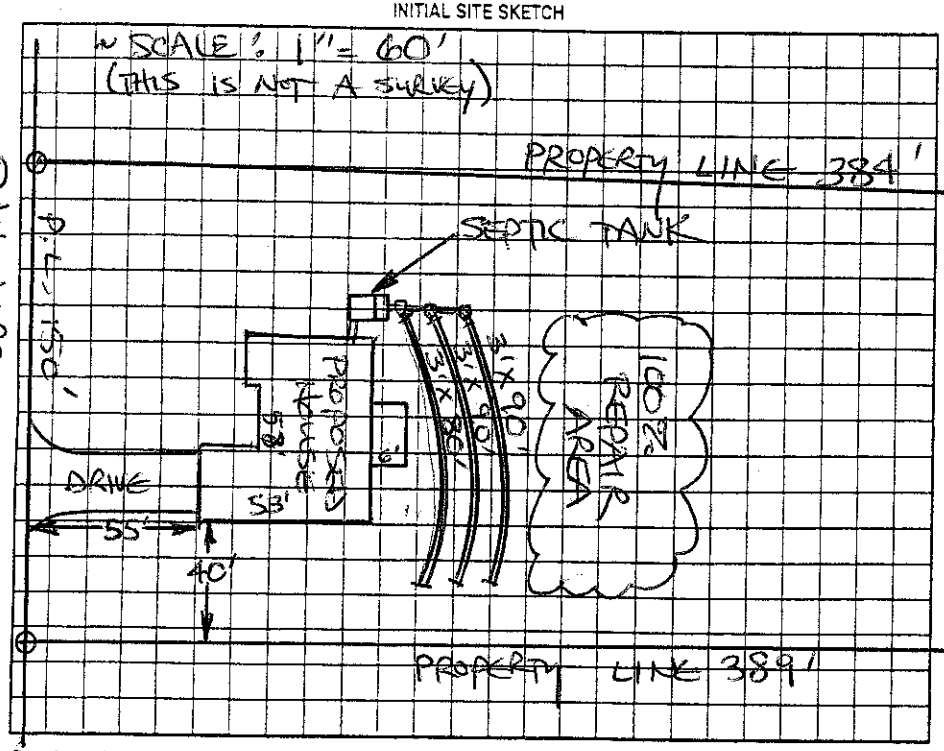
Water Supply: ☐ Individual ☑ Public ☐ Community

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

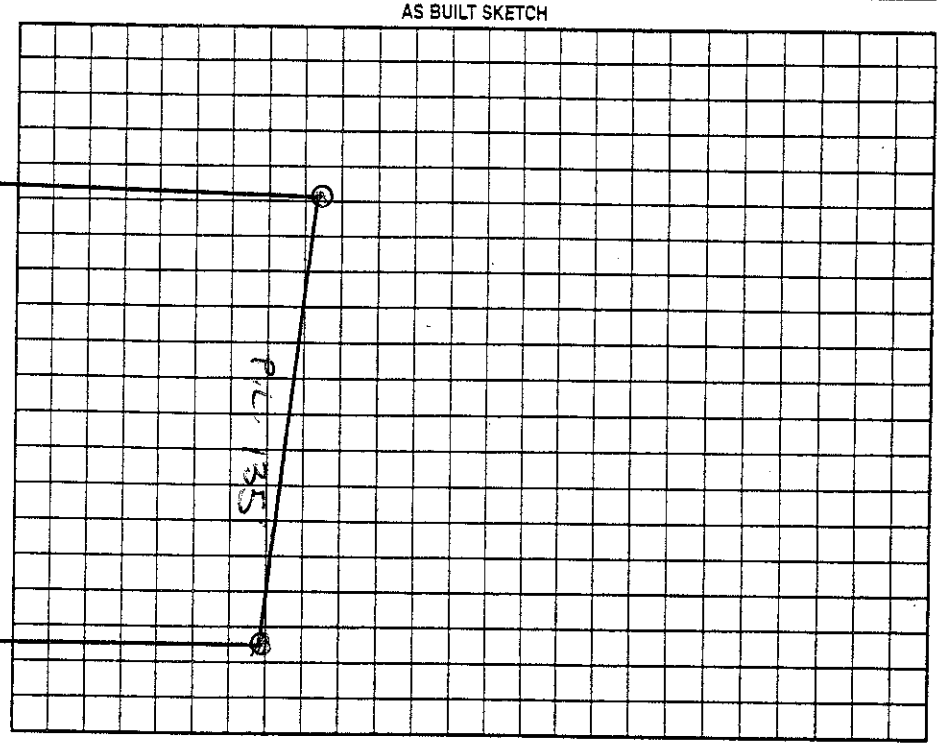
Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN.

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: Tom Palmer date 10-31-08 Installed by: Kenny Madison

Improvement Permit by: STEVE HEDRICK date 10-29-08 Operation Permit by: date 3-9-09

Authorization to Construct by: STEVE HEDRICK date 10-29-08 Existing System Inspection by: date

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