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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 145668 PIN# 4757-46-6738 DATE 11-5-2007

OWNER OR APPLICANT ALAN & JENNIFER LIPPEL PHONE: Business 704-451-5774 Home 704-451-5784

ADDRESS 146 ROSEWOOD LANE, MOORESVILLE, NC 28117

LOCATION US 21 N, TL MAPLE CREEK, TL RAVEN CREST, TL SANDALWOOD, TL LONE POPLAR, ON LEFT AT END

SUBDIVISION ~~HIGHLANDS @ MAPLE CREEK~~ BLOCK / SECTION ____ LOT 38 LOT AREA 1.7543 ACRES SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 338-1500 Date 11-11-07
Pump Tank: 1500 Gallons; PT 4711-1500 Date 2-1-07
Pump Make: Myers Model MK 50 M Serial No. 1/2 hp
Nitrification Field: No Fields 1 Square Feet approx 2000 Linear Feet 500
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II ~~III~~ IV V VI
System Description: 25% REDUCTION, PUMP
Repair System Description: 25% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

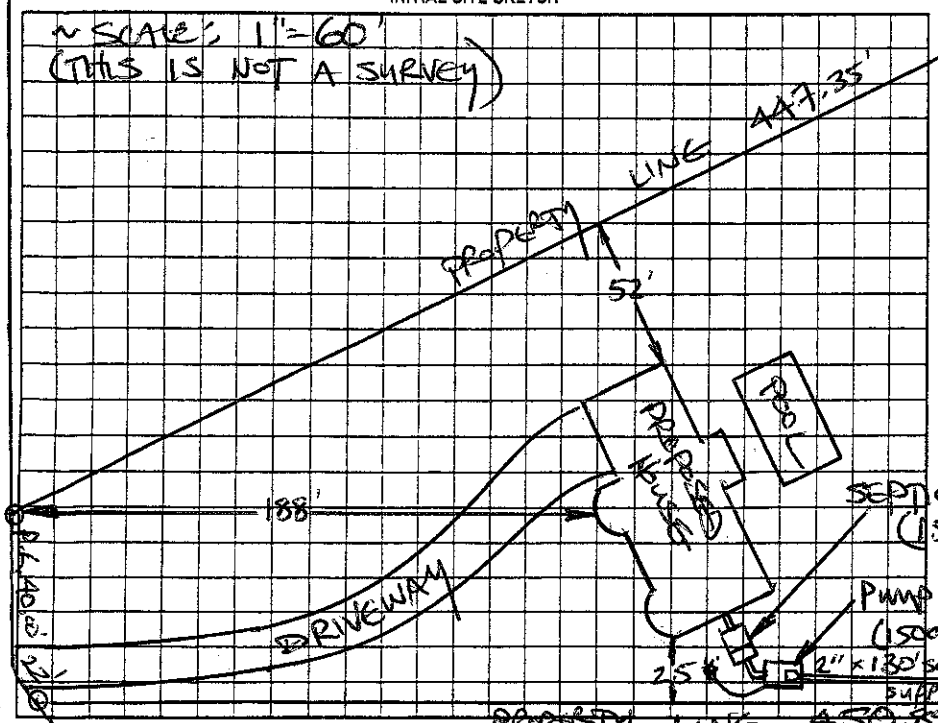
☐ Gravity ☑ Pressure ☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN, NO DEEPER THAN 30" (2) SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS.

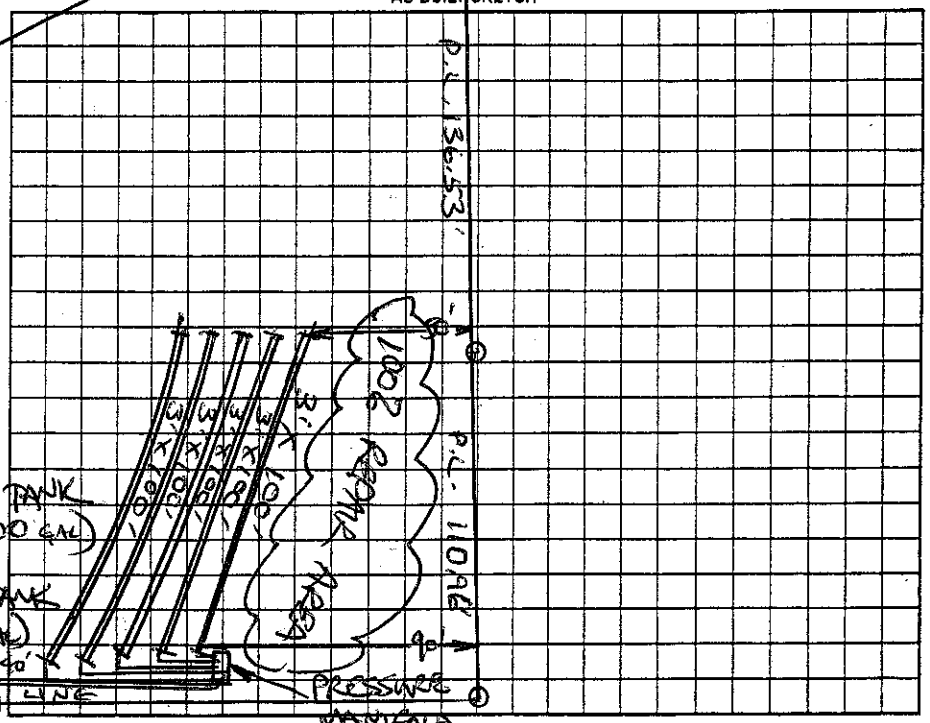
Comments:/Conditions: Simplex - Filter

INITIAL SITE SKETCH

~ SCALE: 1" = 60' (THIS IS NOT A SURVEY)



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: [signature] date 11-5-07 Installed by: ____

Improvement Permit by: STEVE HEDRICK date 11-5-2007 Operation Permit by: [signature], R.S. date 29 May 08

Authorization to Construct by: STEVE HEDRICK date 11-5-2007 Existing System Inspection by: ____ date ____

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