IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 151048 PIN# 4761121265 DATE 6-16-08

OWNER OR APPLICANT TAF Design + Development PHONE: Business 704-528-9060 Home

ADDRESS 152 Point of View Dr. PO Box 5479 Mooresville NC 28117

LOCATION Ostwalt Amity, TR Weathers Creek, left Fallen Acorn, on left

SUBDIVISION Oak Ridge BLOCK / SECTION II LOT 39 LOT AREA 1.036 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; ST8 825 Date 8-4-08
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 780' Linear Feet 260'
No Lines 4@65' Trench Width 36" Max Trench Bottom Depth 36"

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

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

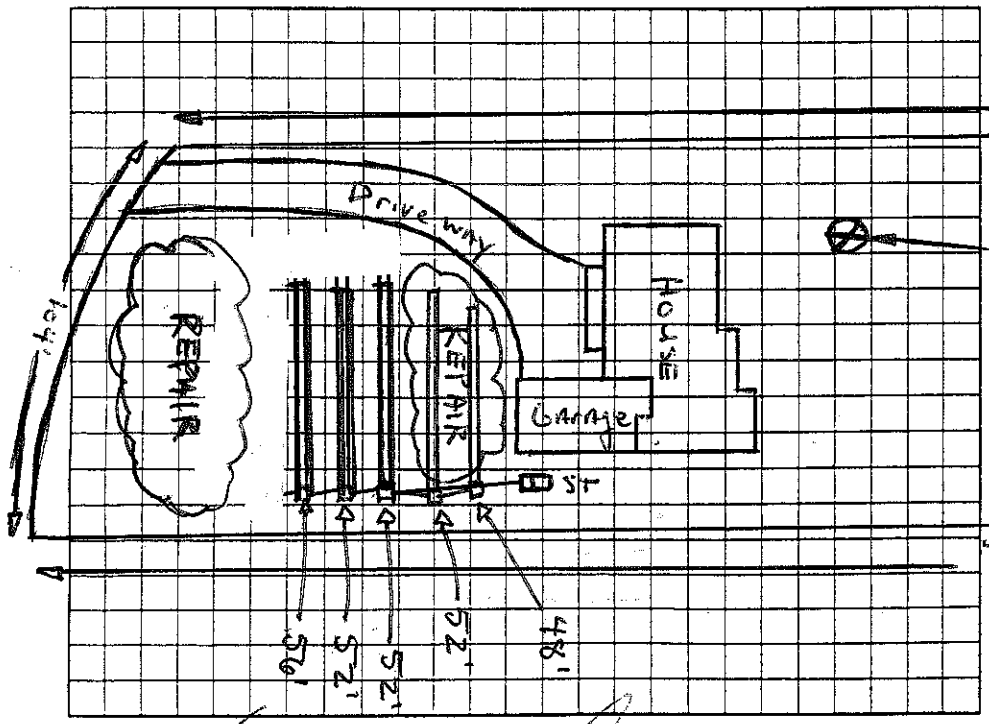
Water Supply: ☒ Individual ☐ Public ☐ Community

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

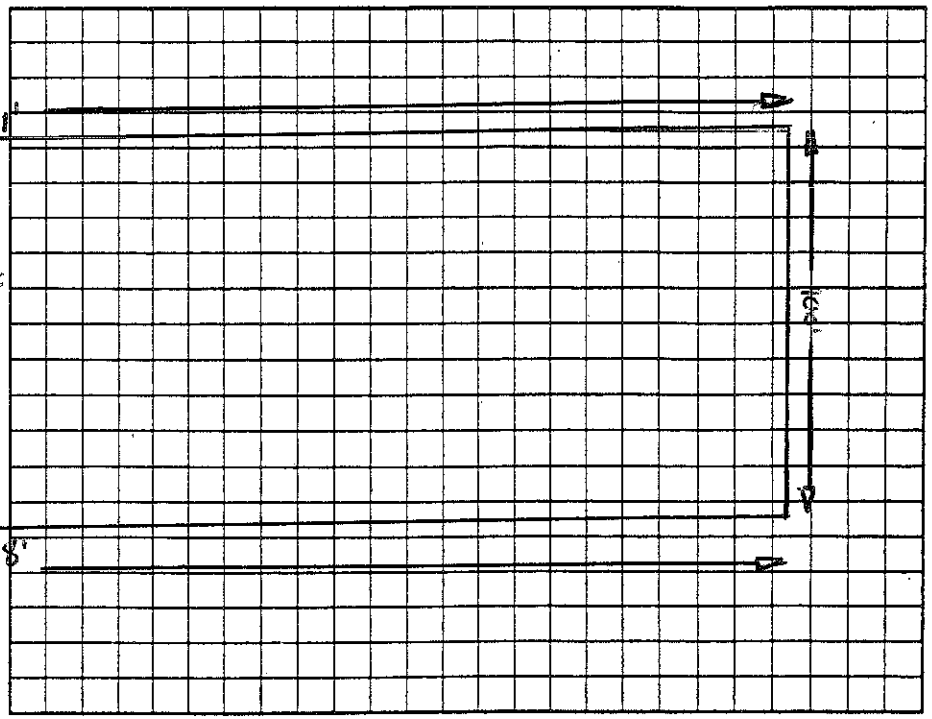
Comments/Conditions: Keep drain lines 10' from prop. line / Keep tank min 5' from house

Comments/Conditions: Installed Quik 4

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: Katie Sisk date 6-16-08 Installed by: Rowan

Improvement Permit by: R. Kelly date 6-16-08 Operation Permit by: R. Kelly date 9-18-08

Authorization to Construct by: R. Kelly date 6-16-08 Existing System Inspection by: date

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