William D. Parker (new owner)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~19080~~ 19976 PIN# ~~4772961493~~ 4772983208 DATE 6-3-08

OWNER OR APPLICANT Leon + Michele Walker PHONE: Business _____ Home 701-662-2772

ADDRESS 1365 East 9th St FMC Center - Suite 100 Cleveland OH 44114

LOCATION NE TR Knox Farm Rd on left 1/2 mile

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10 AC SITE CLASS. B DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1612 Date 8-29-08

Pump Tank: 1000 Gallons; PT 17 Date 9-23-08

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 20-24 Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I II ☑ III IV V VI

System Description: 250 gpm pump

Repair System Description: 250 gpm pump

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons _____ No. Employees _____

Water Supply: ☑ Individual ☐ Public ☐ Community

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

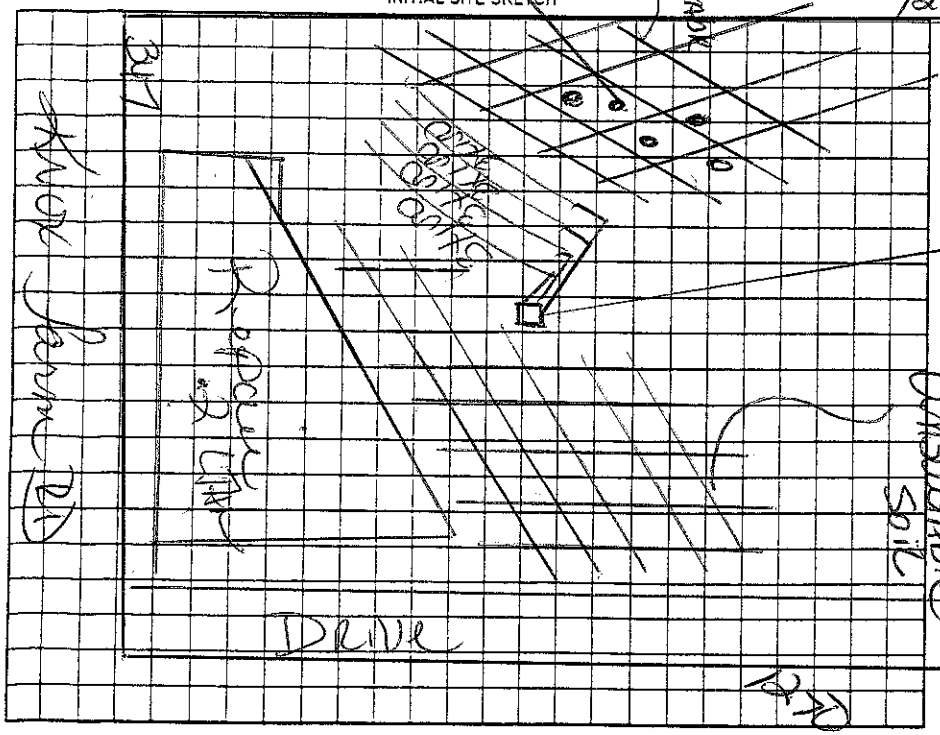
Comments/Conditions:

Install on Contour
Maintain all setbacks

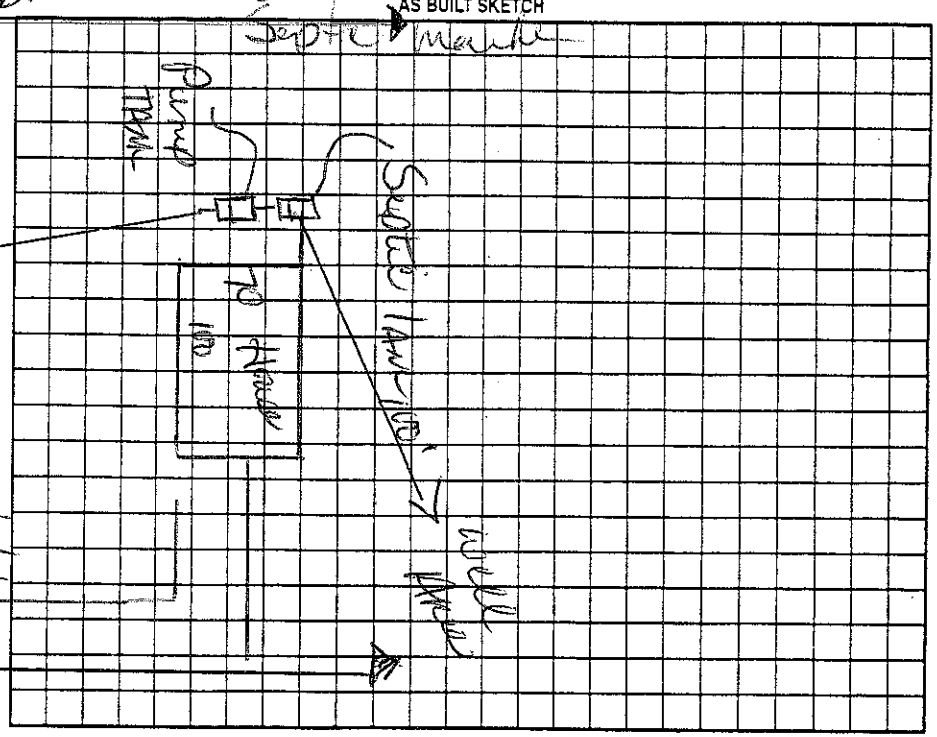
Comments/Conditions:

20-24 inch trench
Need Low Pressure

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: _____ date 6/20/08 Installed by: _____

Improvement Permit by: _____ date 6-3-08 Operation Permit by: _____ date 2-12-09

Authorization to Construct by: _____ date 11-20-08 Existing System Inspection by: _____ date _____

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