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# ~~4772983443~~ 4772983208 DATE 6-3-08

OWNER OR APPLICANT Jason & Michelle Walker PHONE: Business Home 701-662-2770

ADDRESS 13615 East 9th St. FMC Center - Suite 100 Cleveland OH 44114

LOCATION 26 TR; Knox Farm Rd on left 1/2 mile

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 10. AC SITE CLASS B DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 8-24-08

Pump Tank: 1000 Gallons: PT 12 Date 1-23-09

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: 25% pump

Repair System Description: 25% 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

Lined to

The proposed OUT BUILDING addition does not appear to impact the existing septic system.

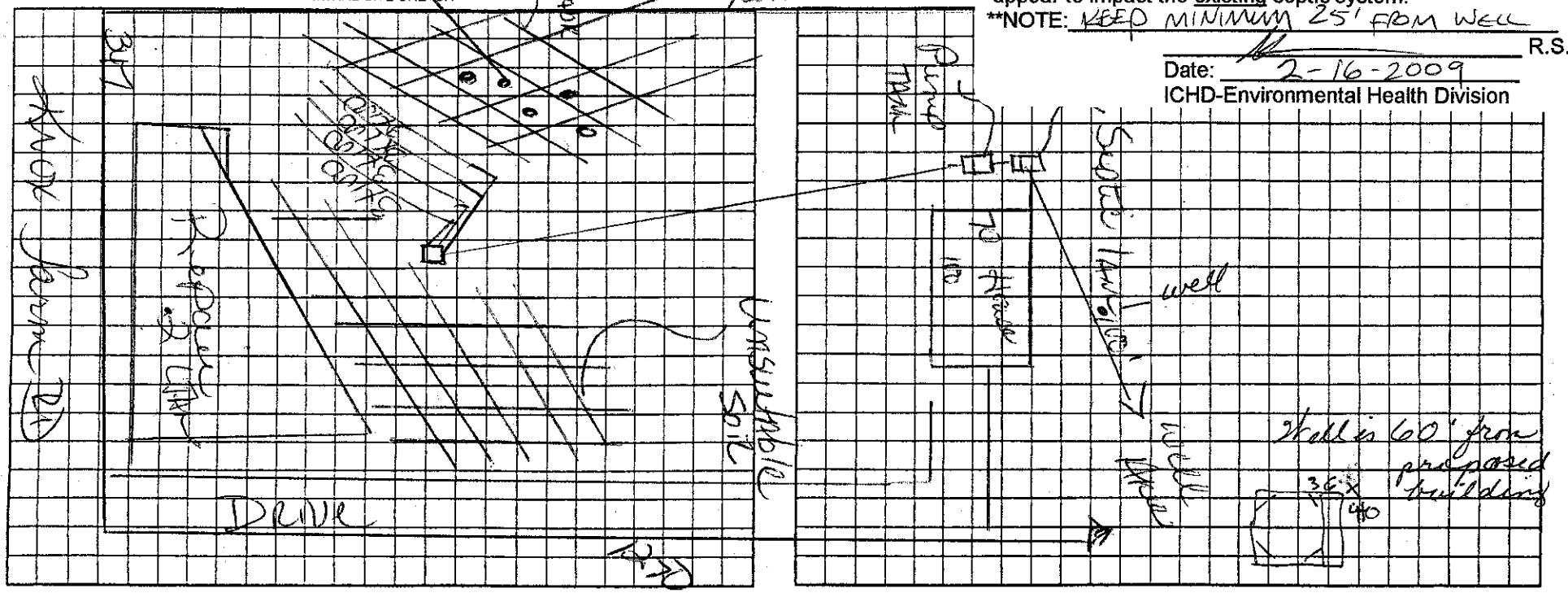
**NOTE: KEEP MINIMUM 25' FROM WELL

R.S.

Date: 2-16-2009

ICHD-Environmental Health Division

INITIAL SITE 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