THIS PERMIT REPLACES PREVIOUS ISSUED 9-23-2003

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 15728 PIN# 4775-14-8820 DATE 8-27-2007

OWNER OR APPLICANT TOM PALMER HOMES INC PHONE: Business 980-241-9693 Home 704-500-2104

ADDRESS P.O. BOX 2387 DAVIDSON NC 28036

LOCATION US 64 EAST, TL SAIN ROAD, TL SPRING FOREST DR TL HOWARD POND LOOP, 6TH LOT ON LEFT

SUBDIVISION SPRING FOREST BLOCK / SECTION ____ LOT 45 LOT AREA 0.7668 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 572 Date 10-16-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQP 1920 Linear Feet 480
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% REDUCTION TRENCH
Repair System Description: 50% REDUCTION, LOW PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

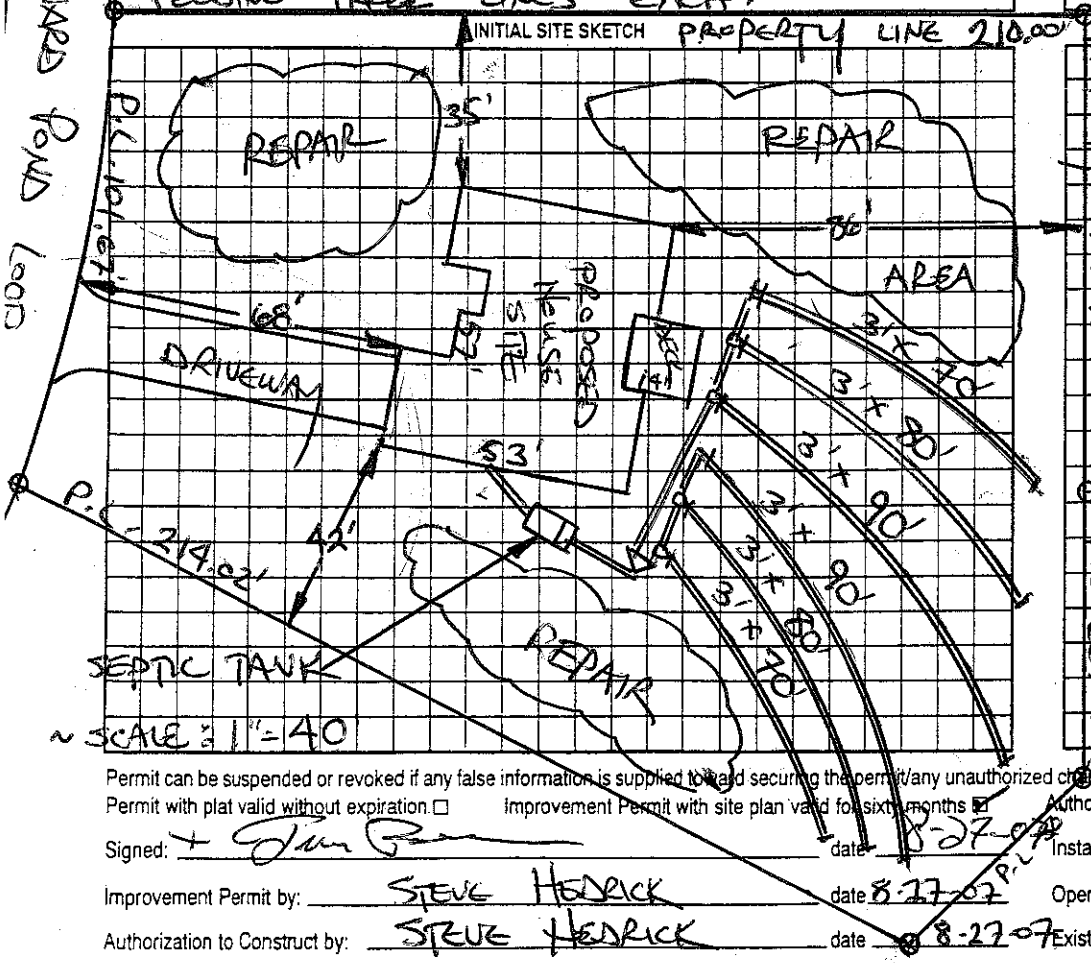
Water Supply: ☐ Individual ☑ Public ☐ Community

Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

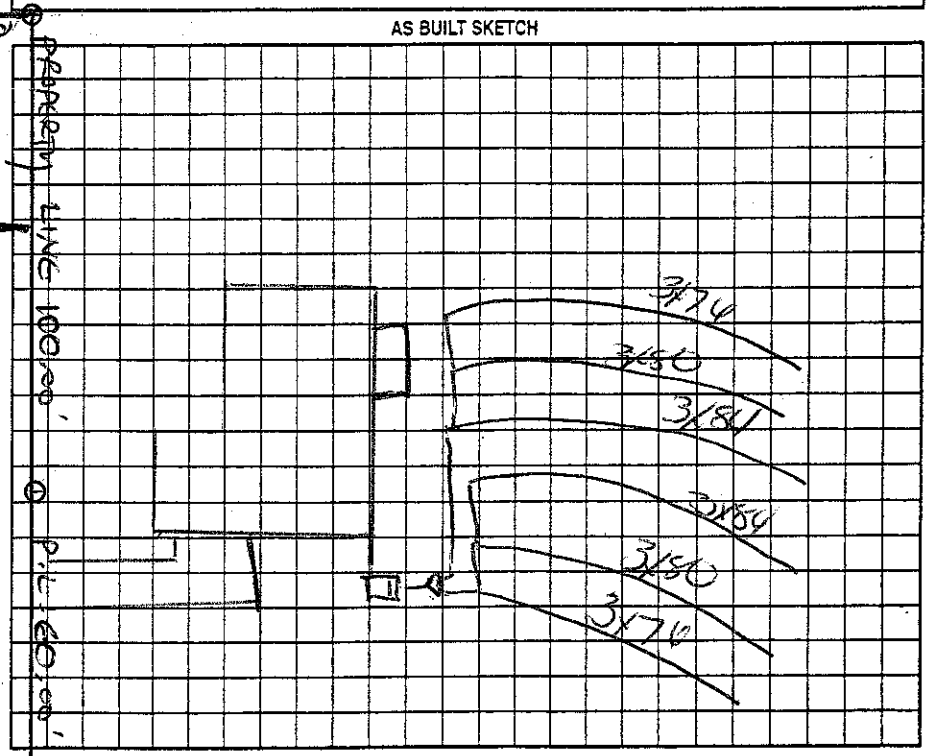
Comments:/Conditions: ① INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN ② USE ONE FLOW DIVIDER TEE FEEDING TWO SETS OF DROP BOXES FEEDING THREE LINES EACH.

Comments:/Conditions: Grey Poly tank Septic system

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: [signature] date 8-27-07 Installed by: Leonard McSwain

Improvement Permit by: STEVE HENDRICK date 8-27-07 Operation Permit by: [signature] date 1-15-08

Authorization to Construct by: STEVE HENDRICK date 8-27-07 Existing System Inspection by: ____ date ____

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