* D L Snow Property *

CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 147368

OWNER OR APPLICANT KA Watt Construction LLC PIN# 4779594305

ADDRESS 129 Beckham Road Statesville NC 28625

LOCATION 21 N (TR) Glenwood Valley at end on Right PHONE: Business 704-876-0047 Home ______ DATE 1-7-08

SUBDIVISION Glenwood Valley BLOCK / SECTION ______ LOT 2 LOT AREA 2.454

Septic Tank: 1000 Gallons; STB 1012 Date 9-27-07 SITE CLASS. ______ DESIGN FLOW 360 L.T.A.R. .25

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields ______ Square Feet 1440 Linear Feet 360

No Lines 4 Trench Width ______ Max Trench Bottom Depth ______ Gravel Depth ______

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

System Description: 25% Gravel

Repair System Description: 25% Gravel

Maintenance Agreement Required: ☐ Yes ☑ No

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

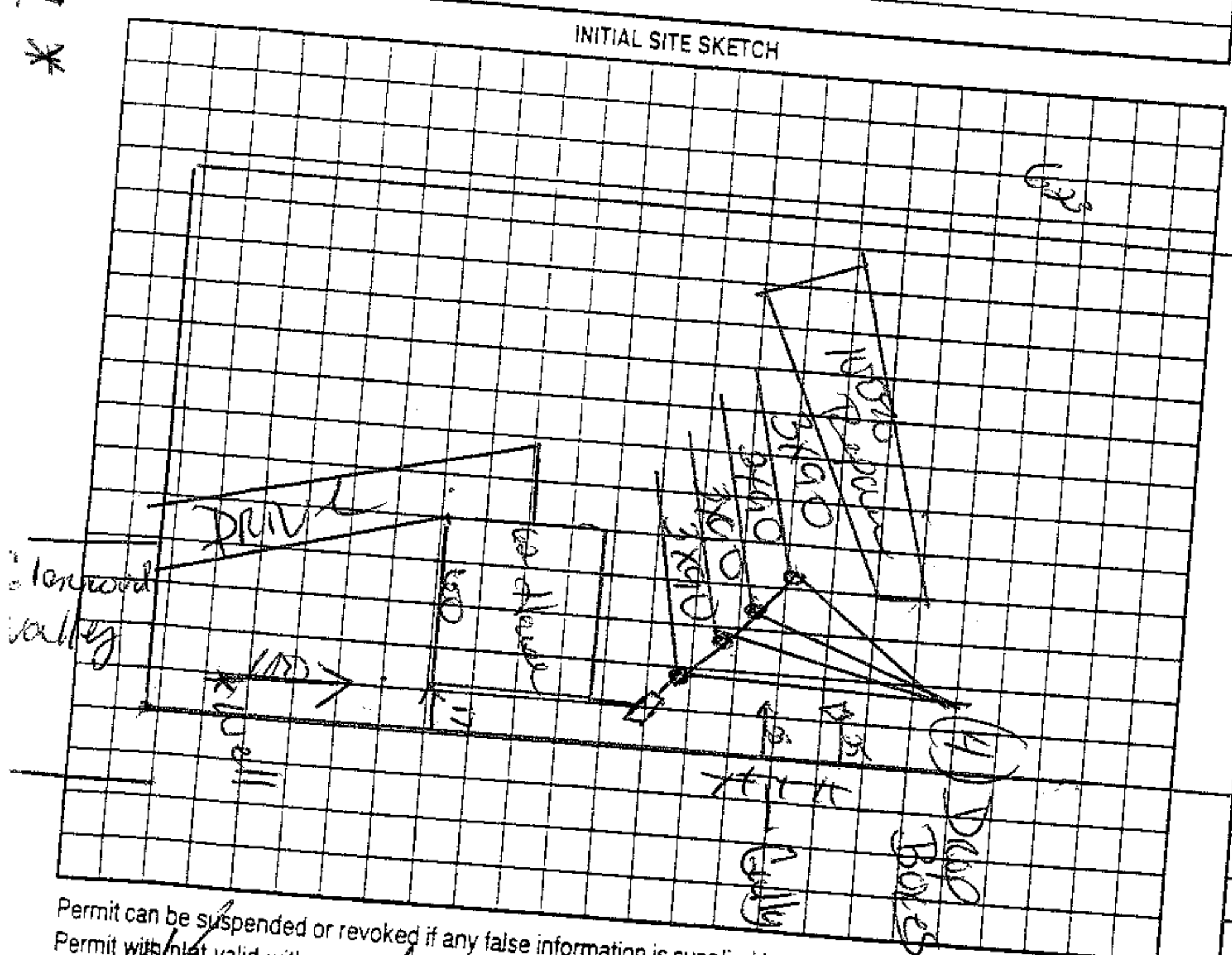
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Persons ______ No. Employees ______

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

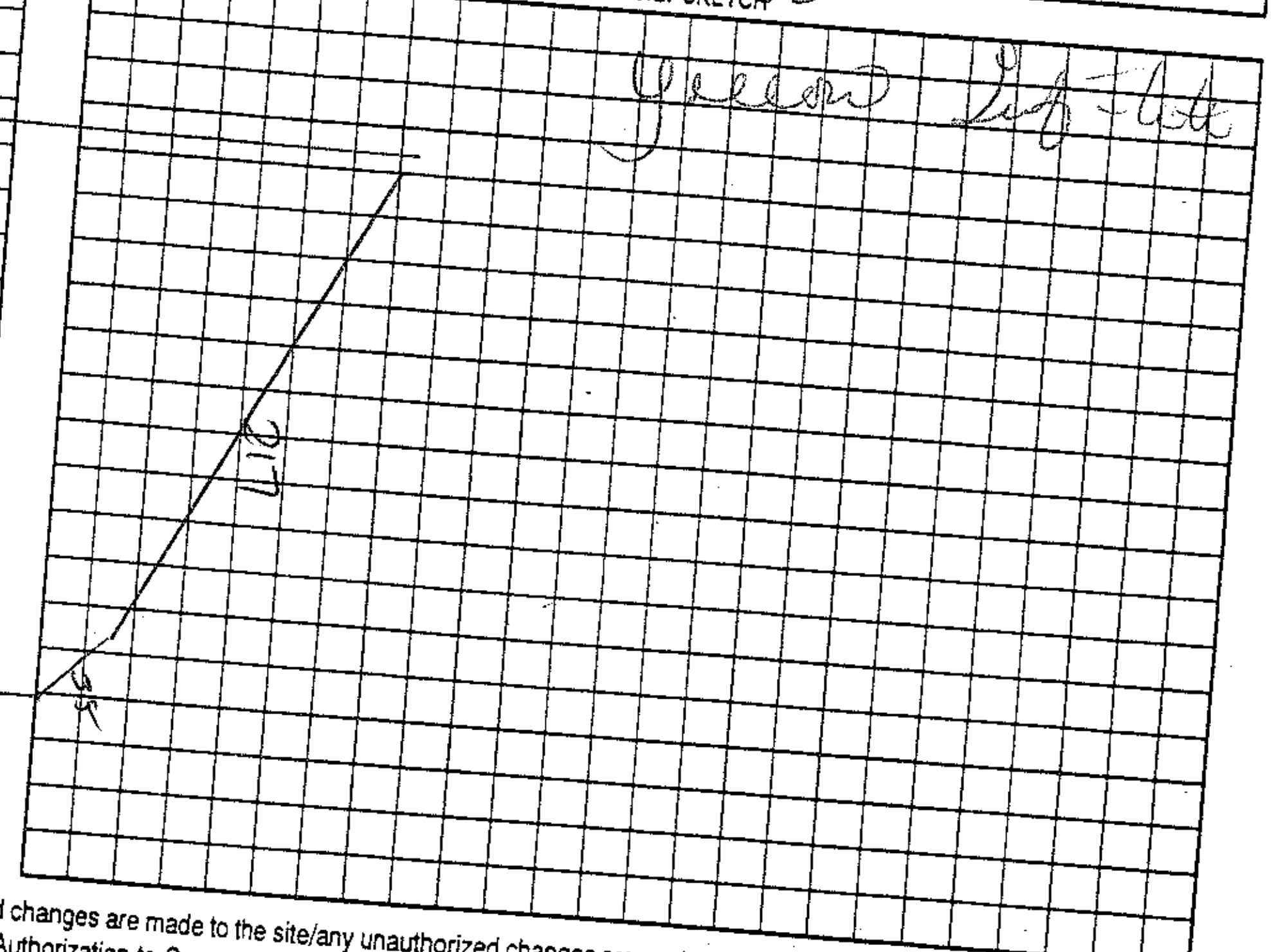
INITIAL SITE SKETCH



Comments:/Conditions:

Install on contour
Maintain all setbacks
maintain 100' off well

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]

Improvement Permit by: [signature] date 1-7-08

Authorization to Construct by: [signature] date 1-7-08

Installed by: David Young

Operation Permit by: [signature] date 6-6-08

Existing System Inspection by: ______ date ______

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