IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 067709 DATE 9/24/97 TAX MAP NO. 3774749738 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR K.E.T. Marketing PHONE: Business 847-6006 Home

ADDRESS P.O. Box 1627 Mathews, NC 28106

LOCATION Sharon School Rd TR Stewart Rock 2nd lot on left after Fulbright

SUBDIVISION Riverwalk BLOCK / SECTION 9 LOT 9 LOT AREA 5 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10-7-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 at 80' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

[X] New System [ ] Repair System Type: I II III IV V 25% Red.
System Description: Gravity - Conventional
Repair System Description: Saline Pump Gravity Sys
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

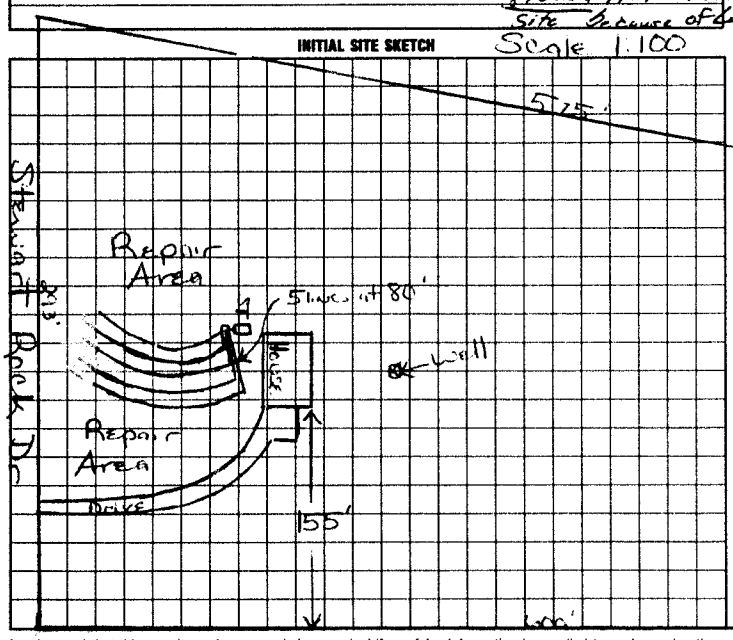
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms ____
[ ] Business No. Employees ____
[ ] Other ____

Water Supply: [X] Individual [ ] Community [ ] Public

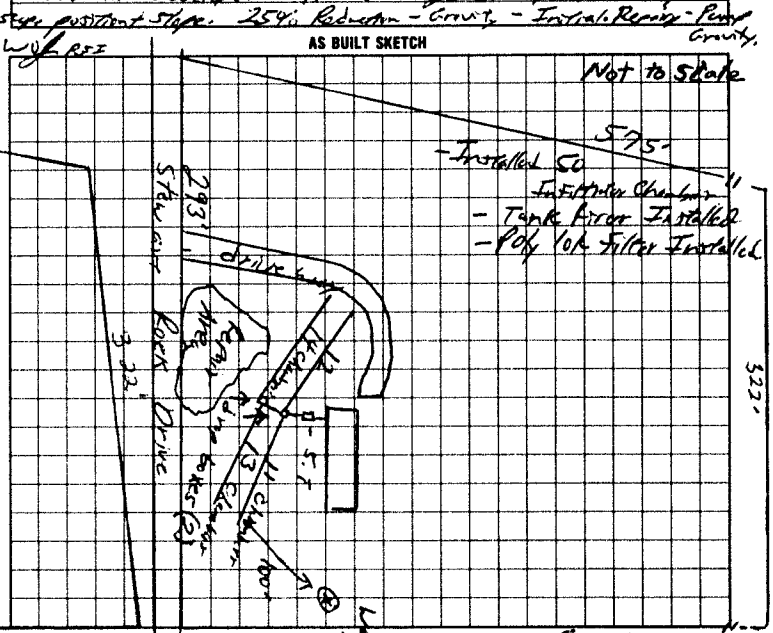
Comments: Well must be drilled 1st well

Comments: drilled Well not installed at time of inspection, kept 100' from system.
Note 4/19 - Met with Installer + Developer - approves change of System Description + Site because of System Component Type. 25% Reduction - Gravity - Initial Repair - Pump Gravity.

INITIAL SITE SKETCH Scale 1:100



AS BUILT SKETCH Not to Scale



I understand that this 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 is valid for 60 months from date of issuance.

Signed: ____

Improvement Permit by: [signature] date 9/24/97

Existing System Inspection by: STEVE HEDRICK date 8-29-00

Installed by: David Yountz

Certificate of Completion by: William C. Johnson RSI date 4-20-01

Operation Permit by: ____ date ____

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