IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107710 PIN# 3774-87-4283 DATE 8/6/02

OWNER OR CONTRACTOR Mobile Homes Direct PHONE Business 704-634-8886 Home —

ADDRESS P.O. Box 5011 Monroe, N.C. 28111-5011

LOCATION I-40 W, ⓐ on Sharon School Rd., ⓑ on Stewart Rock Rd, ⓒ on Fulbright, 1st on right after Riverwalk Entrance

SUBDIVISION Patriots Point BLOCK / SECTION — LOT 8 LOT AREA 3.169 Ac SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .30 gpd/ft²

Septic Tank: 1,000 Gallons: STB 1007 Date 7-31-02
Pump Tank: _____ Gallons, PT _____ Date _____
Pump Make: _____ Model Equ to 1,600 Serial No _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 400'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

X New System ☐ Repair System Type: I II (III) IV V VI
System Description: Gravity, 25% Reduction
Repair System Description: Gravity, 25% Reduction
Maintenance Agreement Required: ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

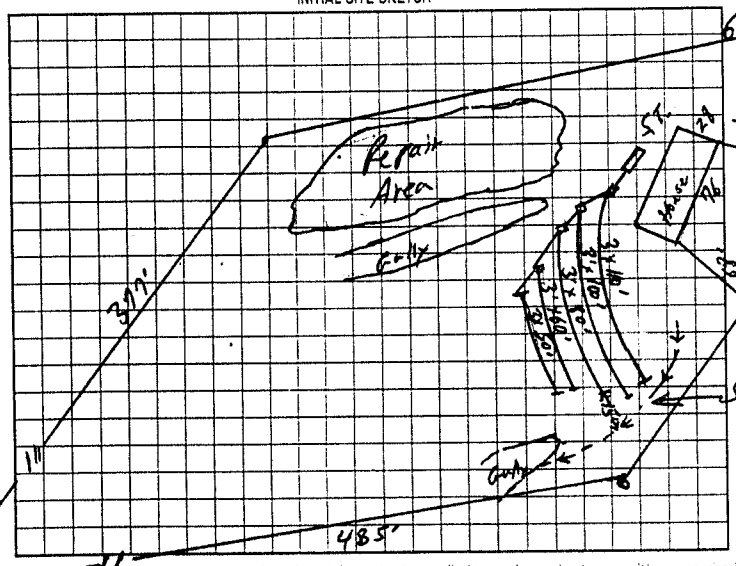
X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: X Individual ☐ Public ☐ Community

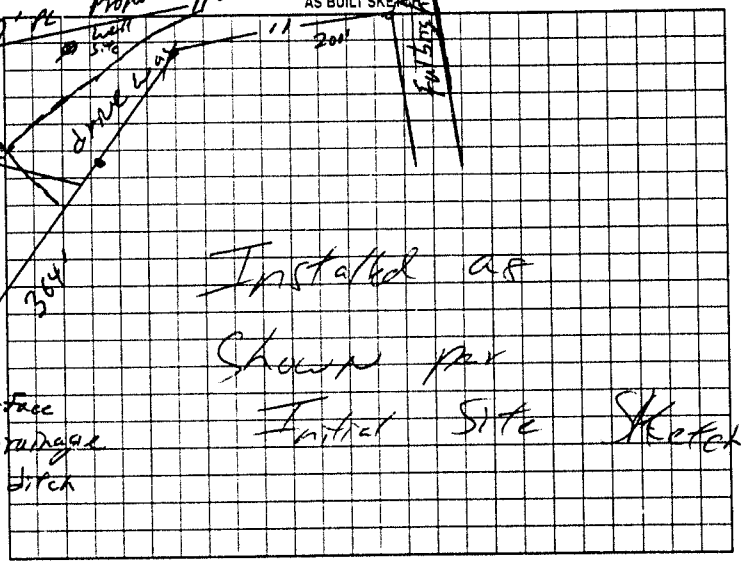
Comments:/Conditions: ① Install lines on contour ② monitor proper setbacks ③ Keep well 100ft From System ④ Install Surface drainage ditch as shown on Permits

Comments /Conditions -ST marker Installed
-Poly Tuf Filter Installed
-62' Bio Diffuser Chamber Installed

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 8-8-02 Installed by Jarvis Fox

Improvement Permit by: William O. Johnson date 8/6/02 Operation Permit by: William O Johnson date 11/25/02

Authorization to Construct by: William O. Johnson date 8/6/02 Existing System Inspection by: _____ date _____

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