This permit voids previous issued permit 11/28/01.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 067768 PIN# 3774-74-9738 DATE 1/28/02

OWNER OR CONTRACTOR KEJ Marketing / Fredrick Sowell PHONE: Business _____ Home (704) 784-9845

ADDRESS 3529 Cedar Springs Drive SW Concord N.C. 28027

LOCATION I-40W (R) on Sharon School Rd, (L) Straight Rock (L) Fullbright on left.

SUBDIVISION Riverwalk BLOCK / SECTION IX LOT 5 LOT AREA 11.795 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. N. 3

Septic Tank: 4000 Gallons: STB 794 Date 3-10-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 400
No Lines 40/00 Trench Width 36" Max Trench Bottom Depth 30"

[X] New System [ ] Repair System Type: I (II) III IV V VI
System Description: Gravity, Conventional
Repair System Description: Gravity, Conventional
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth 12"
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____

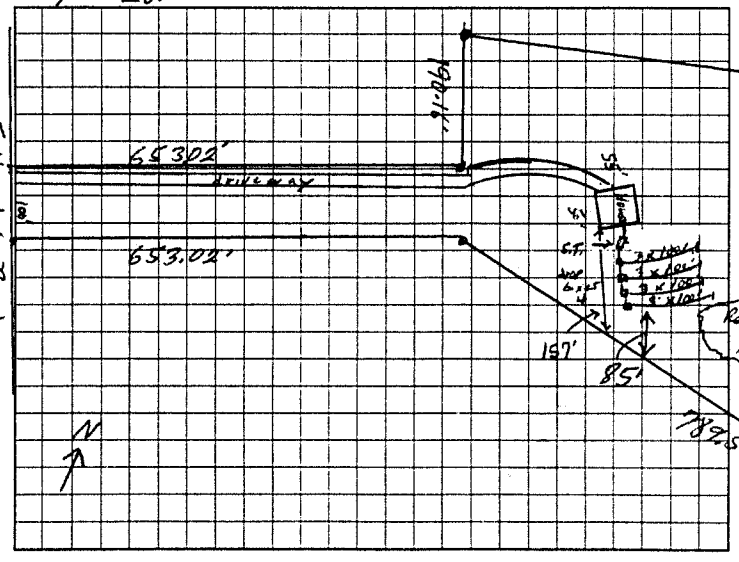
Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: (1) Install lines on contour (2) meet all proper setbacks

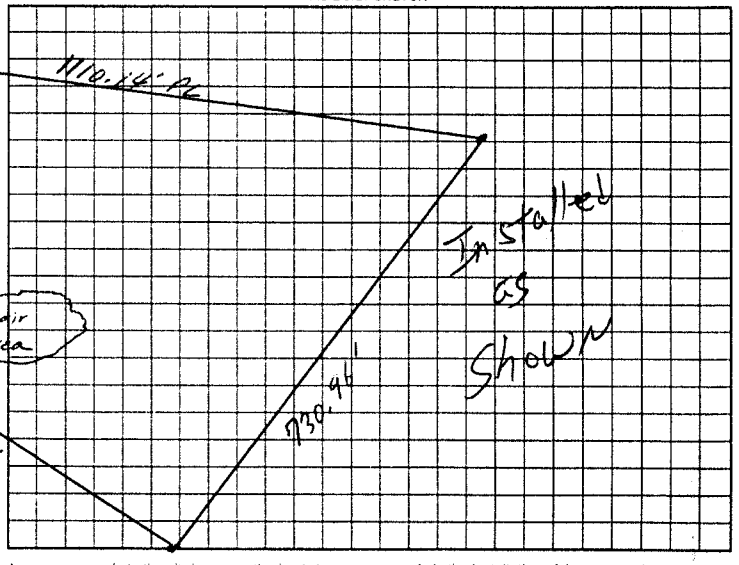
Comments/Conditions -S. T. marker Installed
-2 cubic Filter Installed

1" = 200'

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: _____ PE. date 1/28/02 Installed by: Danny Mitchell

Improvement Permit by: William O. Johnson date 1/28/02 Operation Permit by: William O. Johnson date 7/15/02

Authorization to Construct by: William O. Johnson date 1/28/02 Existing System Inspection by: _____ date _____

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