IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114521 PIN# 3783-86-3045 DATE 8/11/03

OWNER OR CONTRACTOR Clayton Homes PHONE: Business (704) 873-2547 Home

ADDRESS 2026 Northside Drive Statesville NC, 28677

LOCATION I-40 W, (R) Sharon School Rd, past Walnut Tree Rd, (L) between two big rocks take private drive to pond.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .025

Septic Tank: 1000 Gallons; STB 1012 Date 2-19-03

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet ~~1480~~

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: Gravity 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

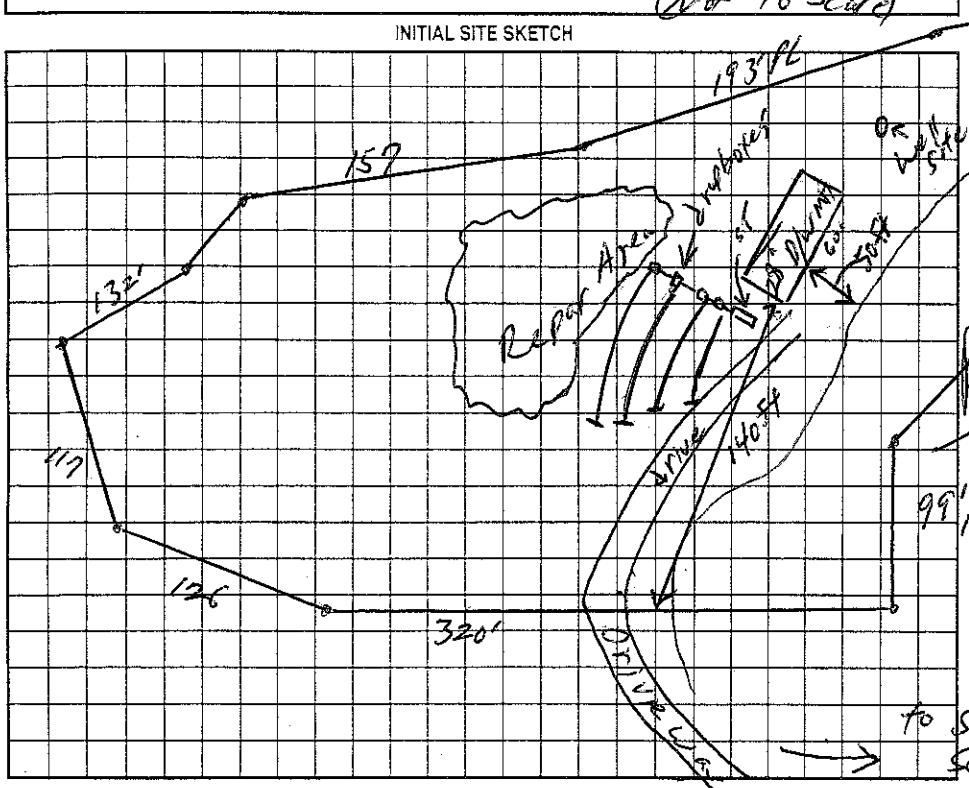
Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

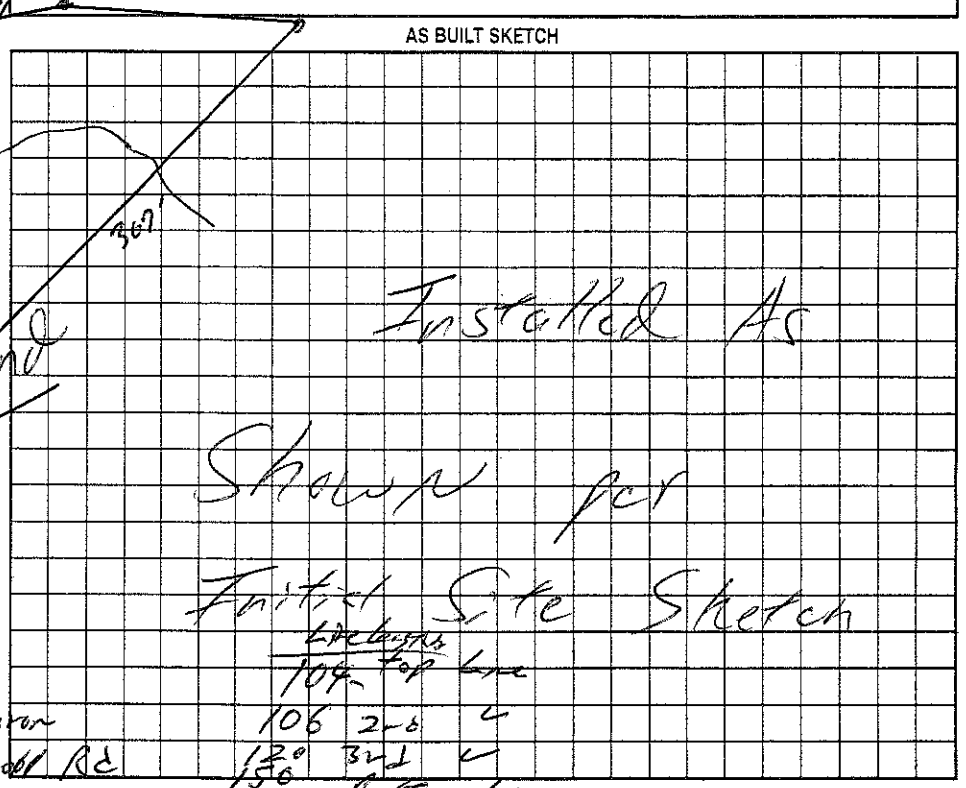
Comments:/Conditions: ① Keep well 100 Ft From Septic System + Repair Area ② Install lines on Contour 30" max. depth (Not to Scale)

Comments:/Conditions: - Tuff-Tite Filter Installed - ST Marker 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

Improvement Permit by: date 8/11/03

Authorization to Construct by: date 8/11/03

Installed by: A-1 Backhoe

Operation Permit by: William O. Johnson date 9-10-03

Existing System Inspection by: date

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

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Septic Tank: 4,000 Gallons; STB 1012 Date 2-19-03
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet ~~1480~~
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Gravity, 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

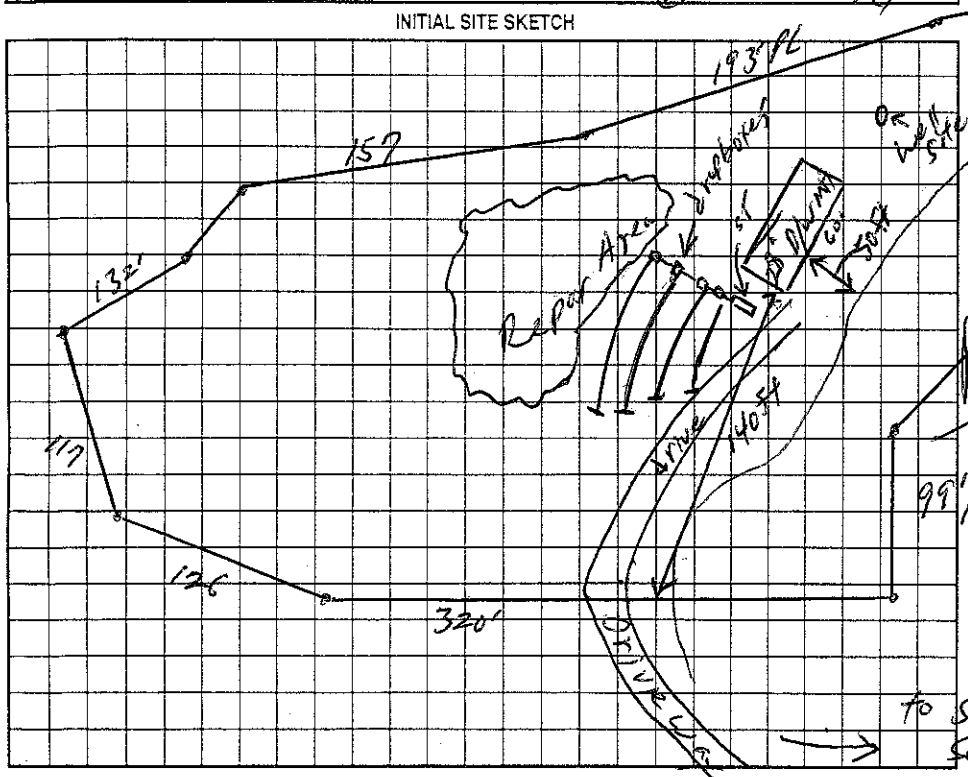
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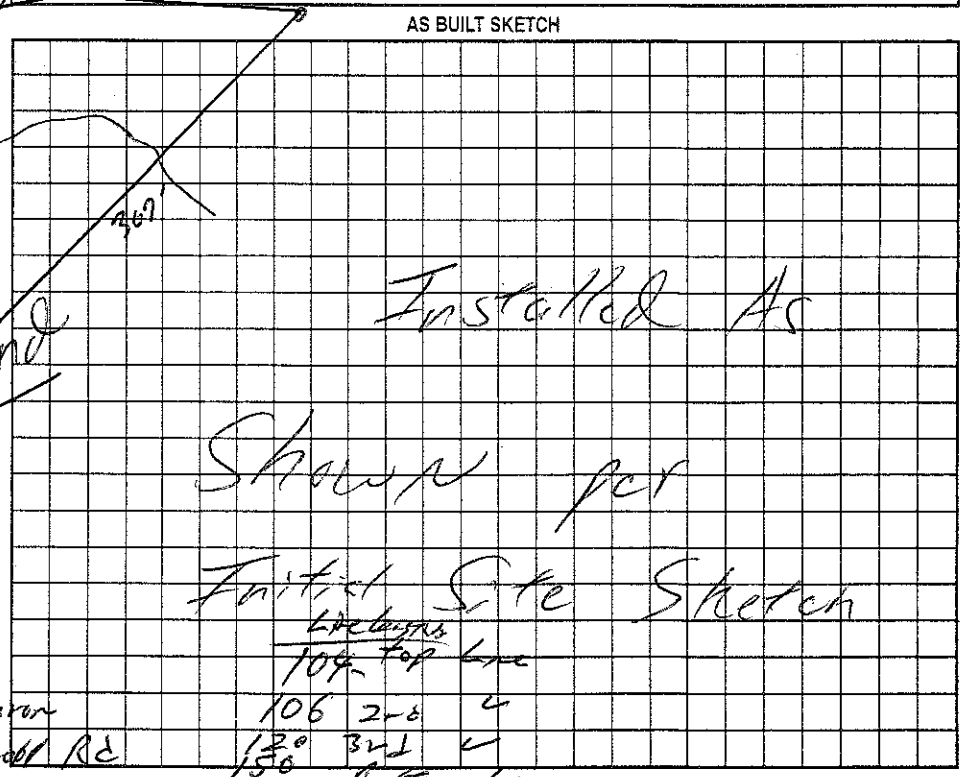
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