This Permit voids previously issues permit dated 8/22/01.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5306 (V) MOORESVILLE 704-664-5281

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

PERMIT# 101904 PIN# 3783-94-6646 DATE 7/10/02

OWNER OR CONTRACTOR Chad L. Sharpe PHONE, Business — Home (704) 871-2142

ADDRESS 131 Walnut Tree Road Statesville N.C. 28625

LOCATION I-40 W, (R) Sharon School Rd (L) on Walnut Tree Road, 4th House on Left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.0 Acres SITE CLASS PS DESIGN FLOW 360 L T A.R. .30 gpd/ft²

Septic Tank: Existing Gallons: STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 135

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☐ Repair System Type: I II III IV V VI

System Description: Gravity, Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

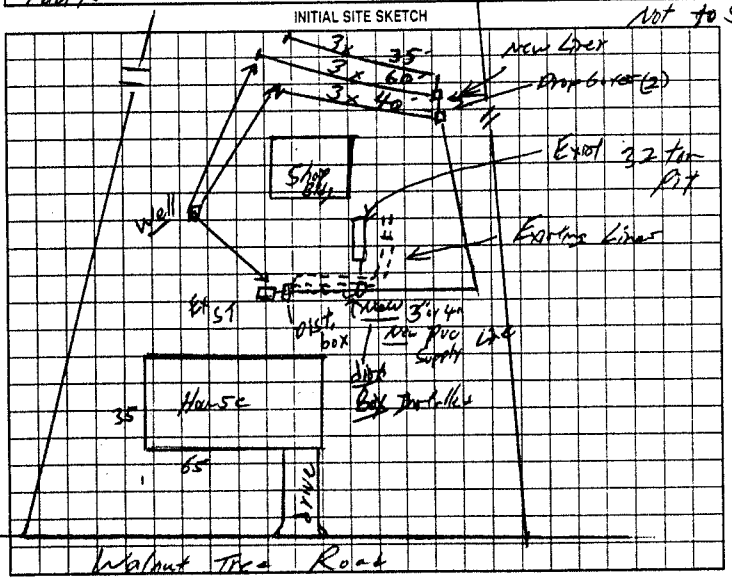
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

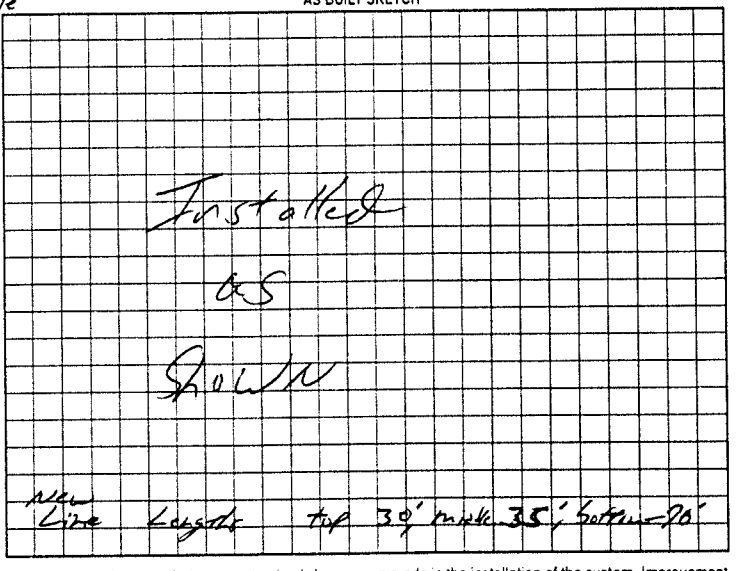
Comments/Conditions: (1) Add 135 Ft of Line (2) Replace distribution box if necessary (3) Keep Soil away from line (4) Tie Woodwater Pipe into Septic Tank

Comments/Conditions: Old dist. box could not be found. Found dist box near end of old existing lines - Pumped out Septic Tank. 7/9/02

INITIAL SITE SKETCH Not to Scale



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: Chad L. Sharpe date 7/10/02 Installed by: A-1 Septic Service date 7/11/02

Improvement Permit by: William O. Johnson date 7/10/02 Operation Permit by: William O. Johnson date 7/11/02

Authorization to Construct by: William O. Johnson date 7/10/02 Existing System Inspection by: ____ date ____

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