This permit voids previously issued permit dated 1/27/03.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102008 PIN# ~~3794-61-4170-35~~ 3794-61-1136 DATE 4/25/03

OWNER OR CONTRACTOR Silver Wave Properties PHONE: Business (704) 763-4881 Home —

ADDRESS 5551 Monroe Rd. Charlotte N.C. 28212

LOCATION I-40W, (R) Old Monroe Rd (L) Ferguson Ford Rd, (R) Cobb, (R) on Maristone, (L) Arbor Gate - Corner Lot on Left

SUBDIVISION Featherstone BLOCK / SECTION 3 LOT 35 LOT AREA .71 Acres SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .30

Septic Tank: 4000 Gallons; STB 1012 Date 9-23-02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model equiv Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: Gravity, 25% Red.

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 4

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

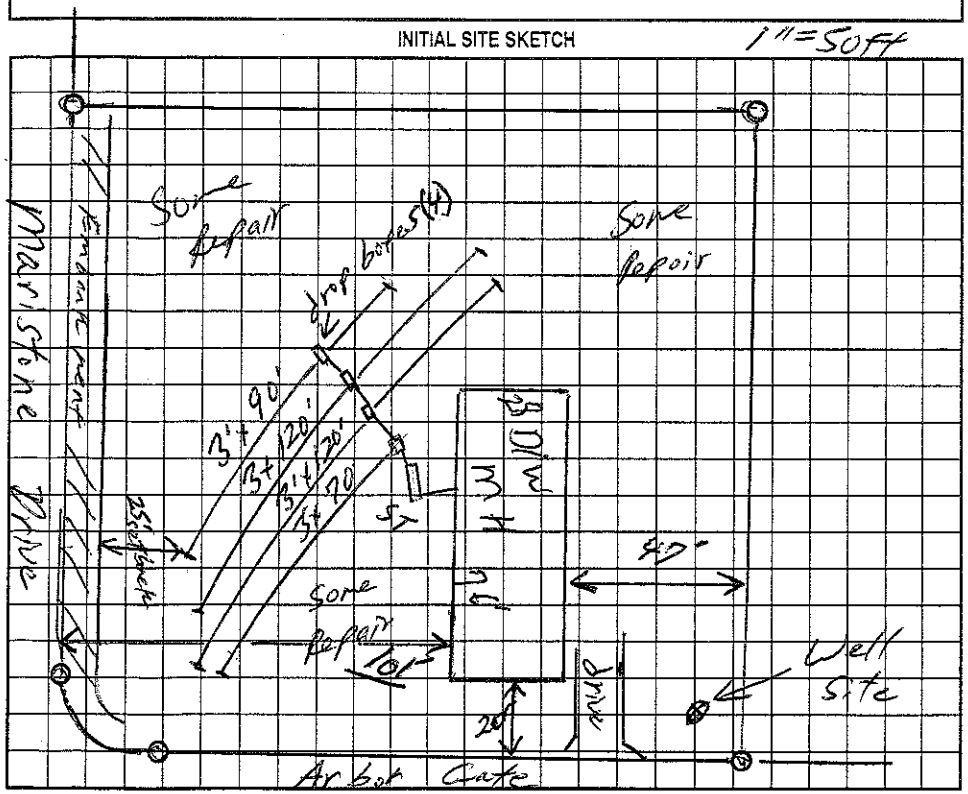
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

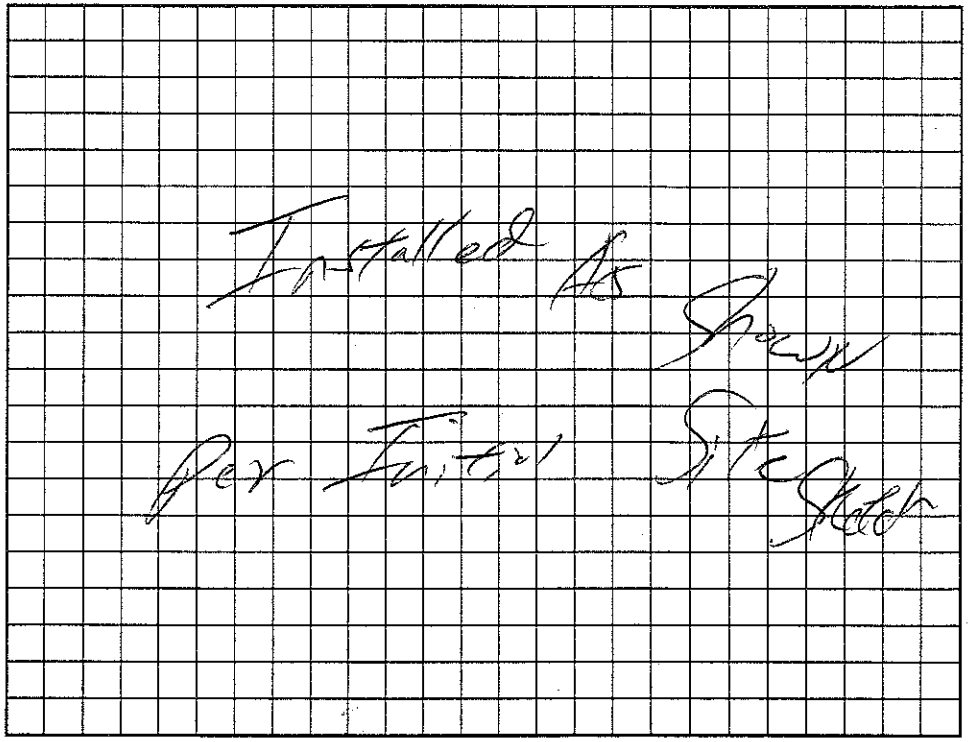
Comments:/Conditions: ① Install lines on Contour ② maintain proper Setbacks ③ Do not install when wet

Comments:/Conditions: Tuff-Tite filter + ST marker Installed Infiltrator Installed

INITIAL SITE SKETCH 1"=50ft



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 ____ Installed by: Craig Thompson

Improvement Permit by: William O. Johnson date 4/25/03 Operation Permit by: William O. Johnson date 4/17/03

Authorization to Construct by: William O. Johnson date 4/25/03 Existing System Inspection by: ____ date ____

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