IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108347 PIN# 3794-61-8950 DATE 8/17/02

OWNER OR CONTRACTOR Silverwave Properties PHONE Business (704) 532-6625 Home ——

ADDRESS 551 Monroe Road Charlotte N.C. 28212

LOCATION I-40 W @ Old NCN Rd ① Island Ford, ② Gibbs Rd ③ Moorestone Drive, ④ Arborgate on Left.

SUBDIVISION Feather Stone BLOCK / SECTION — LOT 43 LOT AREA 0.710 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. -30 3pd/ft²

Septic Tank: 4000 Gallons: STB 794 Date 7-24-01

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300'

No Lines 4@75 Trench Width ____ Max Trench Bottom Depth 30" 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, Same LSP

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

X Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

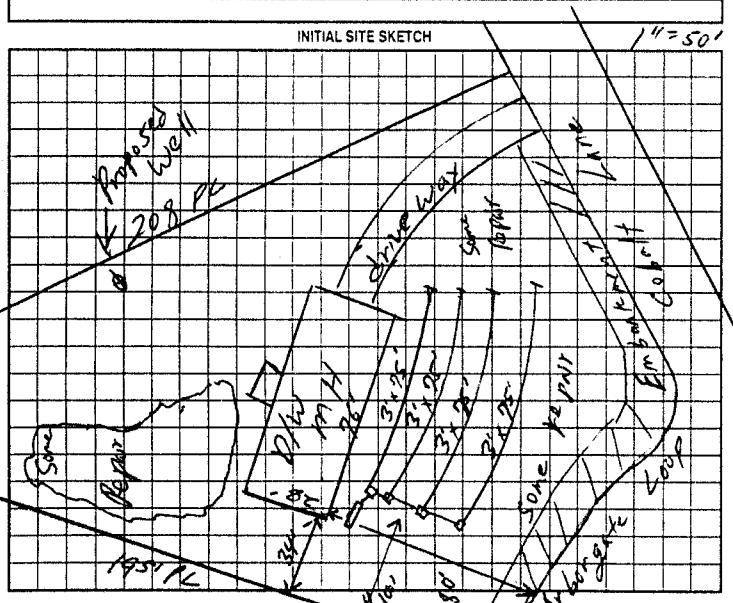
Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: ① Install 25% Reduction System ② Install lines on Contour ③ Maintain proper SET backs

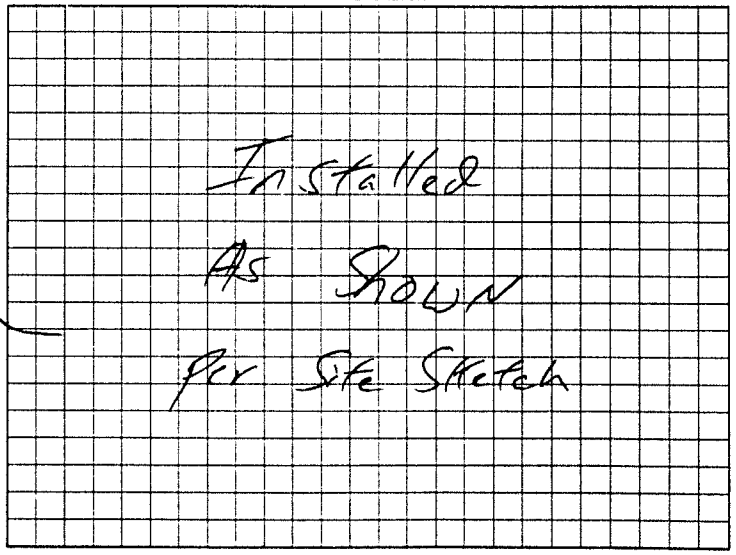
Comments/Conditions: S.T. Martin Installed - Zabel Filter Installed

Lines - 80, 80, 70, 70 FT

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 ____ Installed by: Pellinger Grading Inc.

Improvement Permit by: William O. Johnson date 8/12/02 Operation Permit by William O. Johnson date 8/19/02

Authorization to Construct by: William O. Johnson date 8/12/02 Existing System Inspection by: ____ date ____

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