IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095292 PIN# 3797644629 DATE 4/06/01

OWNER OR CONTRACTOR Norma Jean Brown PHONE: Business — Home (704) 528-7139

ADDRESS 132 S. Matthis Lane Statesville, N.C. 28677

LOCATION NC 90 W, R on Calhoun, one of Roads on Right

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 11.08 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1012 Date 8-18-00 [X] New System [ ] Repair System Type: I (II) III IV V VI

Pump Tank: ____ Gallons; PT ____ Date ____ System Description: Gravity, Conventional

Pump Make: ____ Model ____ Serial No. ____ Repair System Description: Gravity, Conventional

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 Maintenance Agreement Required: [ ] Yes [X] No

No Lines 3@133' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12" [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

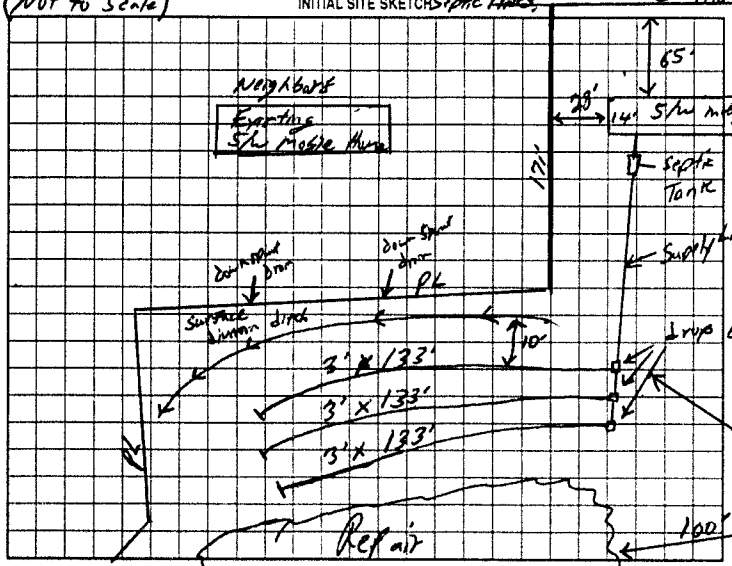
[ ] House/Mod. Home [X] Mobile Home [ ] Business [ ] Other — No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

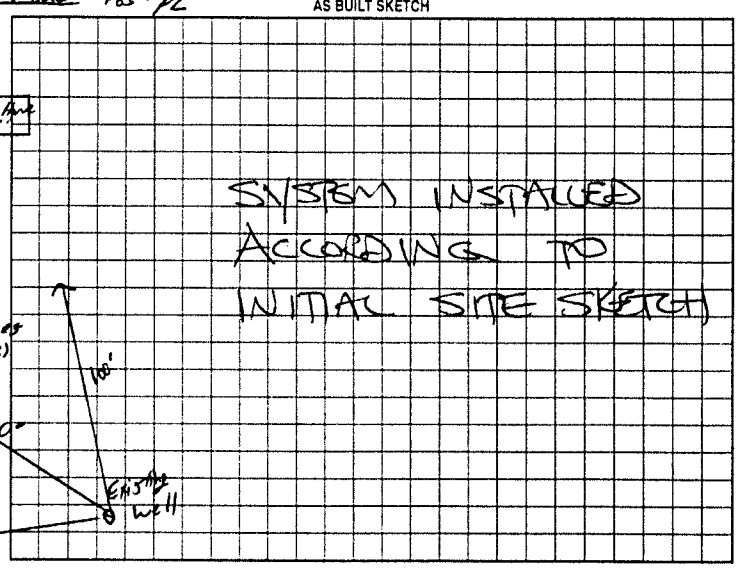
Comments/Conditions: (1) Keep System 100 ft From existing Wells (2) Install Lines on Contour (3) Remove field fences before installing System (4) Install Surface water diversion ditch above septic lines or have neighbor divert downspouts away From System (Not to Scale)

Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "PolyLok" FILTER

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: Norma Jean Brown date ____ Installed by: DALE WINGLER

Improvement Permit by: William O. Johnson RSI date 4/6/01 Operation Permit by: STEVE HEDRICK date 5-11-01

Authorization to Construct by: William O. Johnson RSI date 4/9/01 Existing System Inspection by: ____ date ____

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