IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 — 245.00 Paid — MOORESVILLE 704-664-5281

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

PERMIT# 108685 PIN# ~~4624-27-5905.438~~ 4624-58-2821 DATE 3/15/04

OWNER OR CONTRACTOR David Dibble Custom Homes PHONE: Business 704-799-1688 Home

ADDRESS PO Box 4717 Mooresville NC 28117

LOCATION DSR, TL Torrence Chapel, TL Shelburne, TL Cape Cod Way on Rt #156

SUBDIVISION Point BLOCK / SECTION 11 LOT 11 ~~58~~ LOT AREA 39,401 Ft² SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.25

Septic Tank: 1500 Gallons; STB 338 Date 10/26/04
Pump Tank: 1500 Gallons; PT 477 Date 10/23/04
Pump Make: Goulds Model WE10J2HA Serial No. F0463861
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6 @ 67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: Lp Panel Block
Repair System Description: same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 5 No. Bathrooms 4½ No. Employees

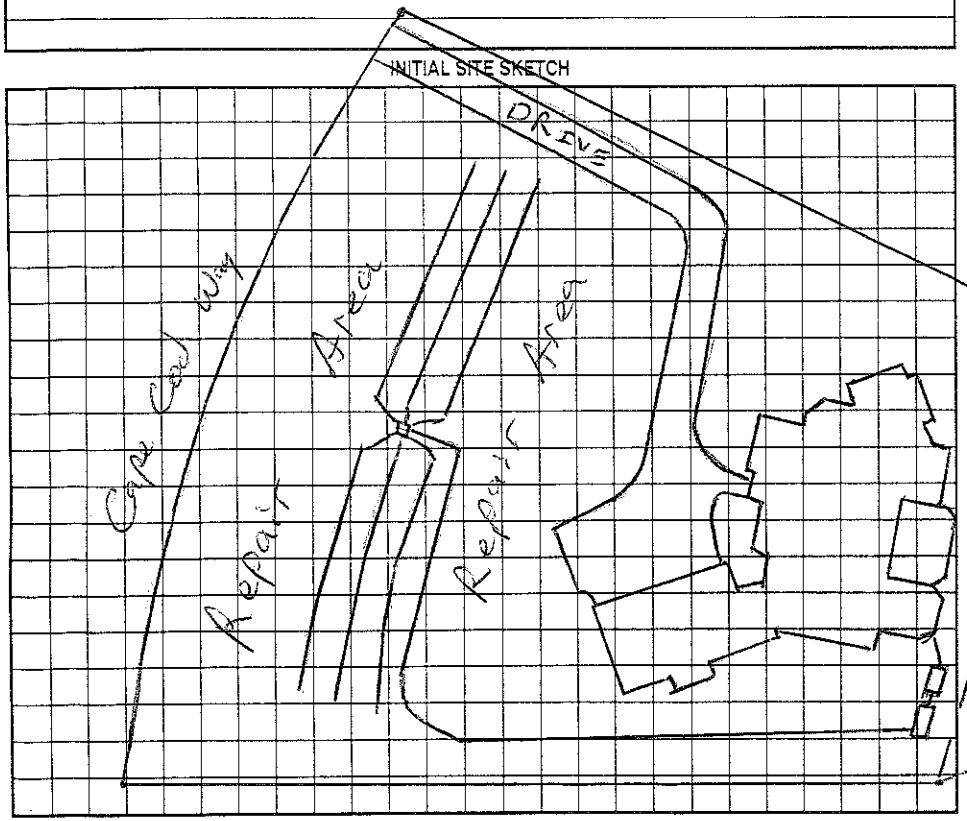
Water Supply: ☐ Individual ☐ Public ☒ Community

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

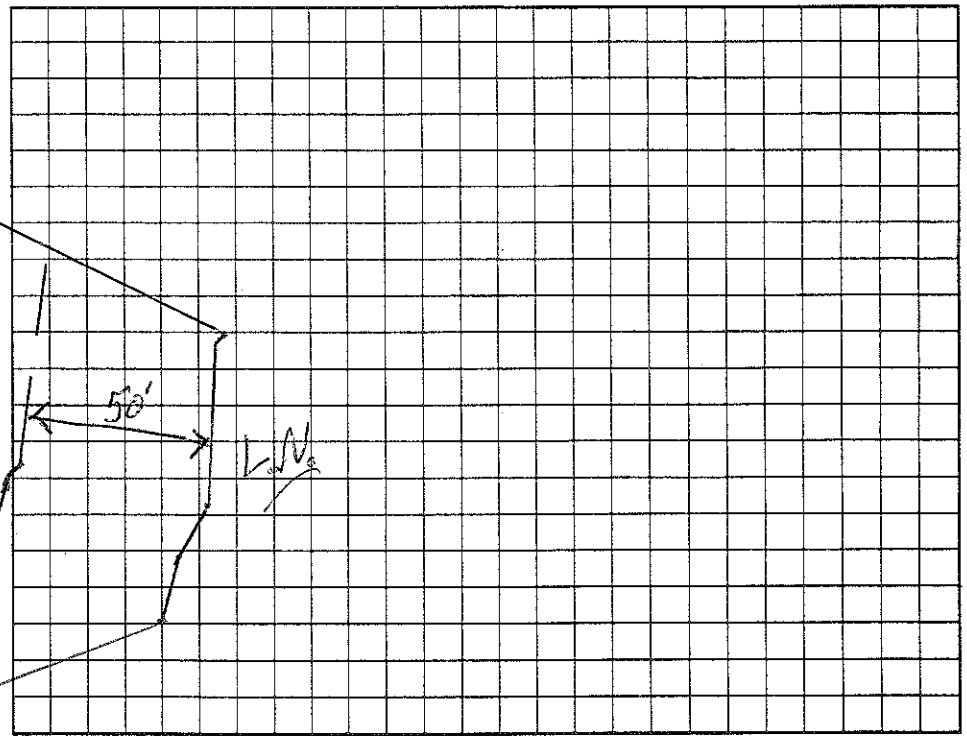
Comments:/Conditions: 1"=50'

Comments:/Conditions: Tanks & lines checked 11/30/04 by GM
Pressure Checked 12/2/04 by GM

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: [signature] date 3/17/04 Installed by: Orbison

Improvement Permit by: [signature] RS date 3/15/04 Operation Permit by: Maintained Dotson RS date 1/6/05

Authorization to Construct by: [signature] RS date 3/15/04 Existing System Inspection by: date

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