IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109533 PIN# ~~4624 27 5765. 1122~~ 4624-67-6416 DATE 7/26/03

OWNER OR CONTRACTOR Hughes + Associates PHONE: Business 704-542-6816 Home

ADDRESS 6425 A Bennington Dr. Charlotte, NC. 28226

LOCATION 1100 TL Torrence Chapel TL Shelburne on R near end R4 cul-de-sac

SUBDIVISION Point BLOCK / SECTION 11 LOT 1122 LOT AREA ~40,000 FT² SITE CLASS. P3 DESIGN FLOW 480 L.T.A.R. .25 - .3

Septic Tank: 1000 Gallons; STB 338 Date 2-25-04
Pump Tank: 1000 Gallons; PT 283 Date 12-30-03
Pump Make: Myers Model ME50 Serial No.
Nitrification Field: No. Fields 1 Square Feet 600/900 Linear Feet 300
No. Lines 5@60' Trench Width 24" MIN 8' OC Max Trench Bottom Depth 3' Gravel Depth NA

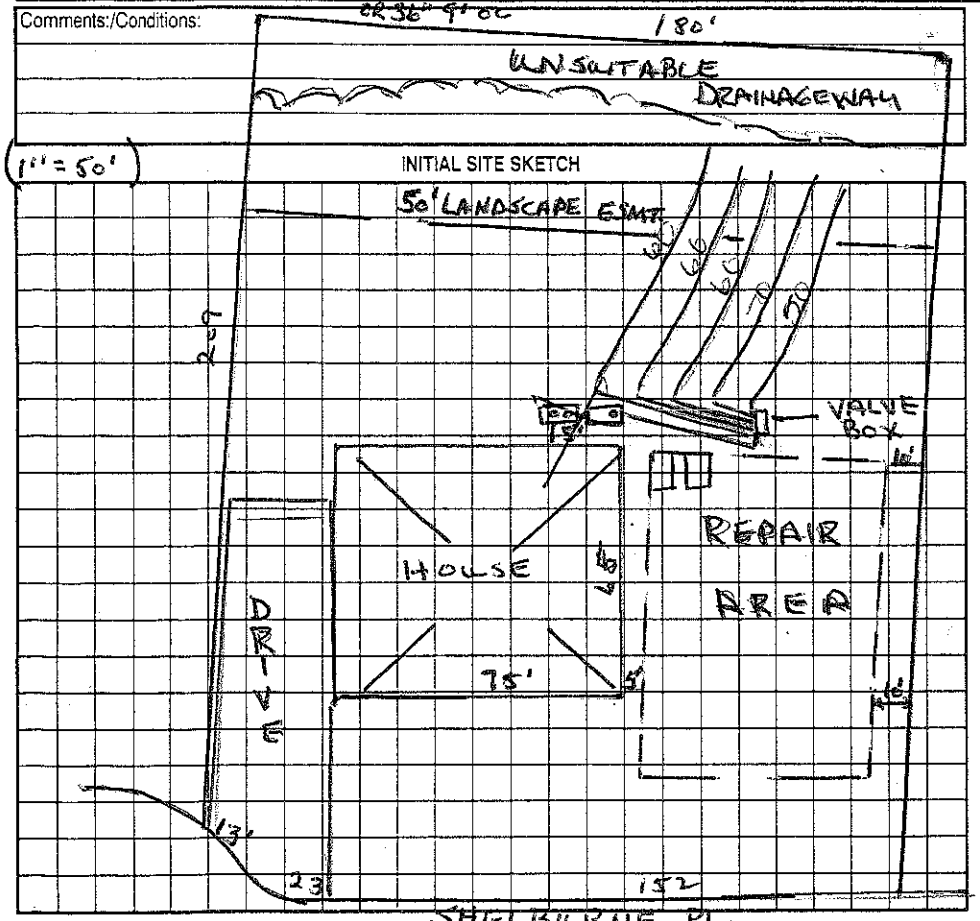
☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: LP - 16" PPBPS
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Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☒ Community

Comments:/Conditions: OR 36" 9' OC

INITIAL SITE SKETCH



Comments:/Conditions: Checked tanks 3/29/04
Checked lines 4/6/04
Pressure, elect & alarm 5/21/04

AS BUILT SKETCH

Installed as Drawn

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: *Bill Poplin date 7-31-03
Improvement Permit by: Wesley Sparks RS. date 7/26/03
Authorization to Construct by: Wesley Sparks RS. date 7/26/03

Installed by: R & I
Operation Permit by: Maria H. Dobson RS. date 5/21/04
Existing System Inspection by: date

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