IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid 3:00 MOORESVILLE 704-664-5281

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

PERMIT# 094947 PIN# 4625941684 (pt) 4625429765 Zane DATE 10-25-2002

OWNER OR CONTRACTOR Elrod Homes PHONE: Business (704) 987-5022 Home

ADDRESS P.O Box 472112 Charlotte, NC 28247

LOCATION Brawley School Road TR Attleboro TC Rehoboth at end behind Lot #727

SUBDIVISION The Point BLOCK / SECTION 7 LOT 726/726A LOT AREA 68406+19291ft² SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 8/9/03
Pump Tank: 1500 Gallons; PT 338 Date 8/7/03
Pump Make: Goulds Model WS1512HU Serial No.
Nitrification Field: No Fields 1 Square Feet 1500' Linear Feet 500'
No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Pump-PM-25% Reduction
Repair System Description: LP Innorative
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 5
[ ] Mobile Home No. Bathrooms 5.5
[ ] Business No. Employees
[ ] Other

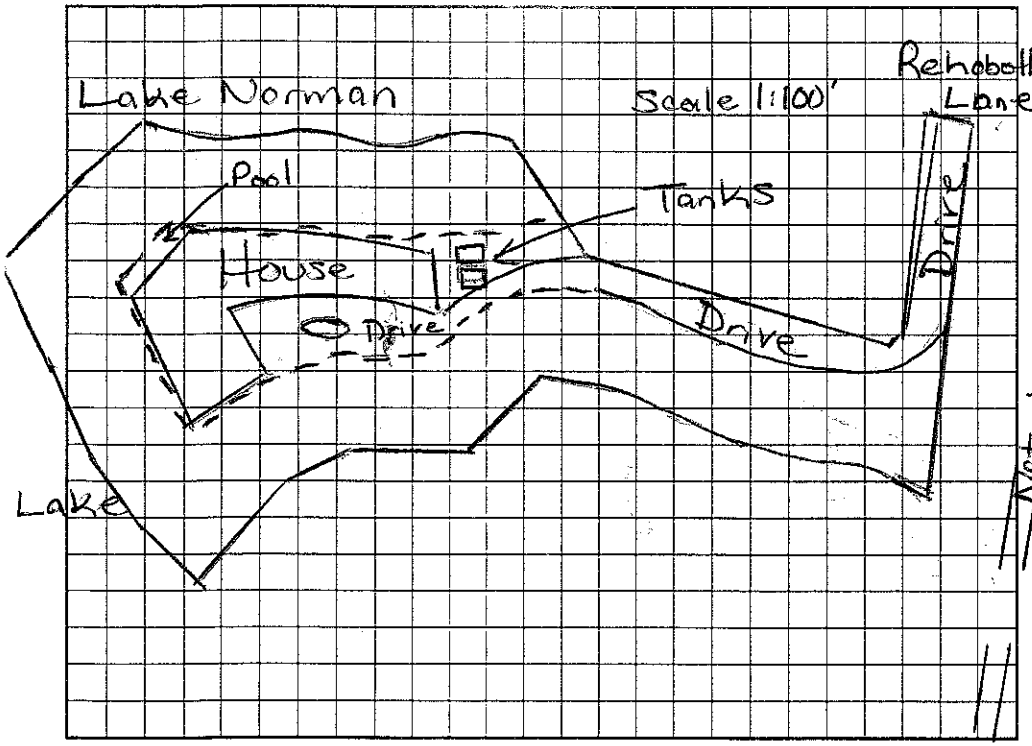
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

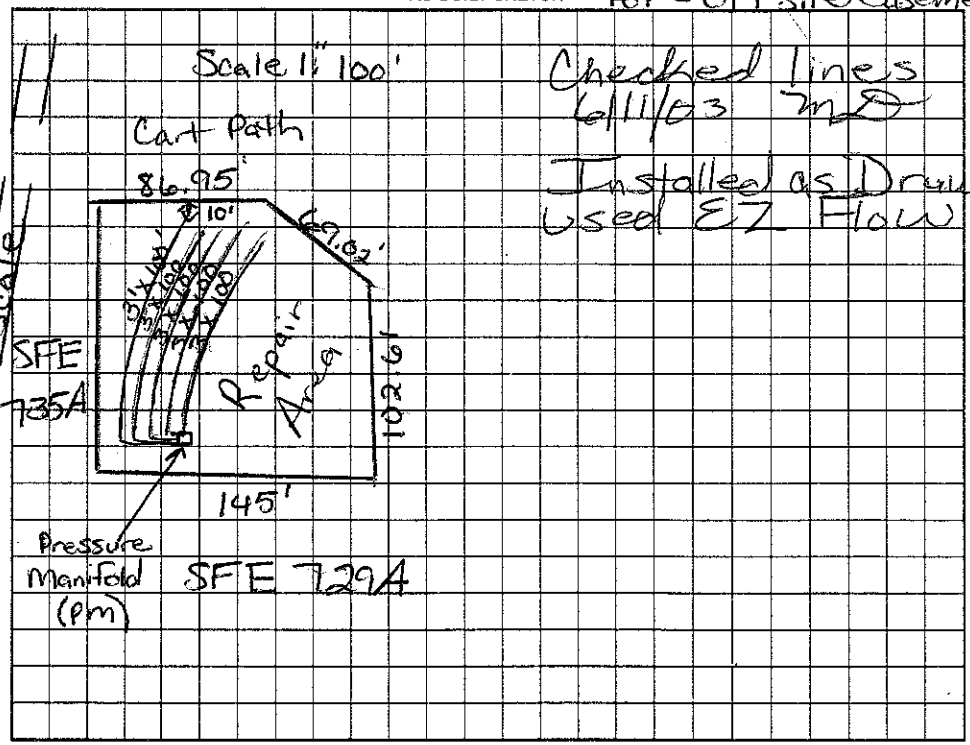
Comments:/Conditions: Keep Septic System at least 10' From PL & 50' from lake

Comments:/Conditions: Note: Tanks located in only spot left on lot that meets set back requirements. Make sure to connect to right sewer pipe for offsite easement.

INITIAL SITE SKETCH



AS BUILT SKETCH



Checked lines 6/11/03 mD

Installed as Drawn used EZ Flow

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: C. Wayne Orbison

Improvement Permit by: Maria H. Dotson RS date 10/25/02 Operation Permit by: Wesley Sparks RS. date 3/1/05

Authorization to Construct by: Maria H. Dotson RS date 10/25/02 Existing System Inspection by: _____ date _____

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