...RDELL COUNTY HEALTH DEPARTMENT

Const. Auth. STATESVILLE 704-878-5305 (11:30) Robert Brown

MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 23133 DATE March 12 '96

OWNER OR CONTRACTOR Wayne Frye 4626-84-8617 TAX MAP NO. part of 2FA3

ADDRESS 4110 Hwy 158, Advance NC 27006 PHONE: Business _____ Home (910) 418-3393 Watershed: ☑ Yes ☐ No

LOCATION Brawley School Rd. TR McKendree Rd. ~1/10 mile on left

SUBDIVISION McKendree Place BLOCK / SECTION _____ LOT 1 LOT AREA 30,006 ft² SITE CLASS: B per 1996 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 10 11 Date 6/21/97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 540 Linear Feet 270

No Lines 3+3 Trench Width 24" Max Trench Bottom Depth ≈ 30" Gravel Depth N/A

☑ New System ☐ Repair System Type: I II (III) IV V VI

System Description: Gravity 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 Duplex Apt.

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

Water Supply: ☑ Individual ☐ Community ☐ Public

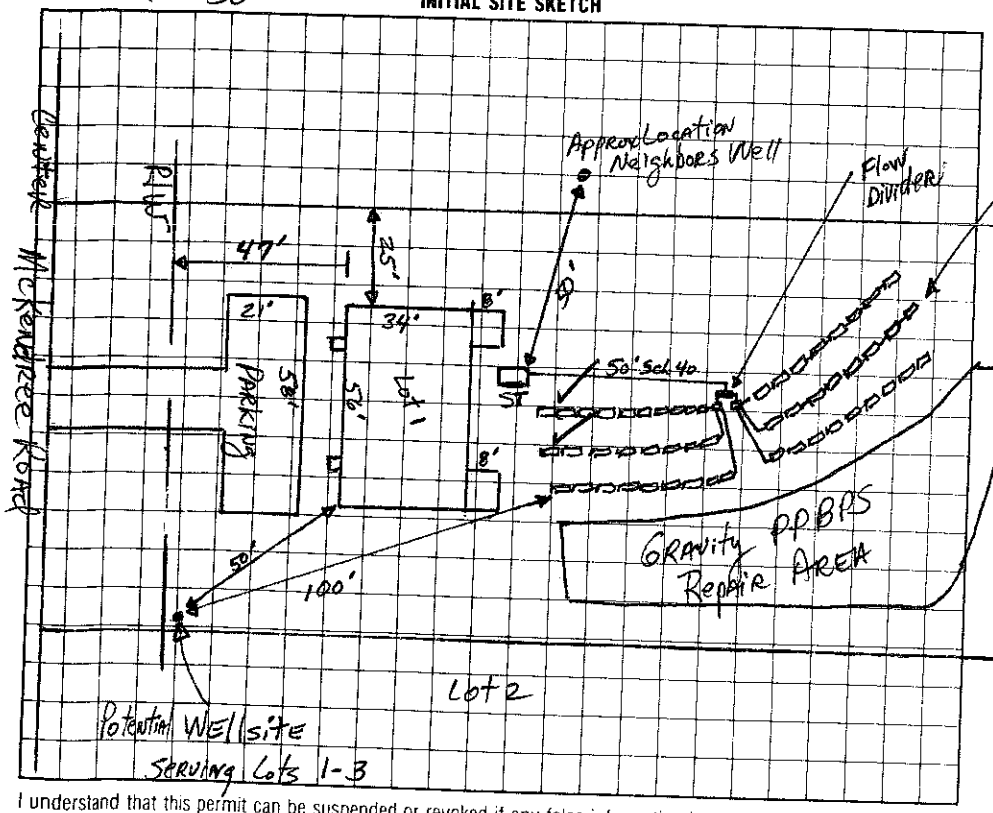
Comments: Existing (onsite) well must be properly abandoned prior to issuance of O.P.

Comments: Improvement Permit Only

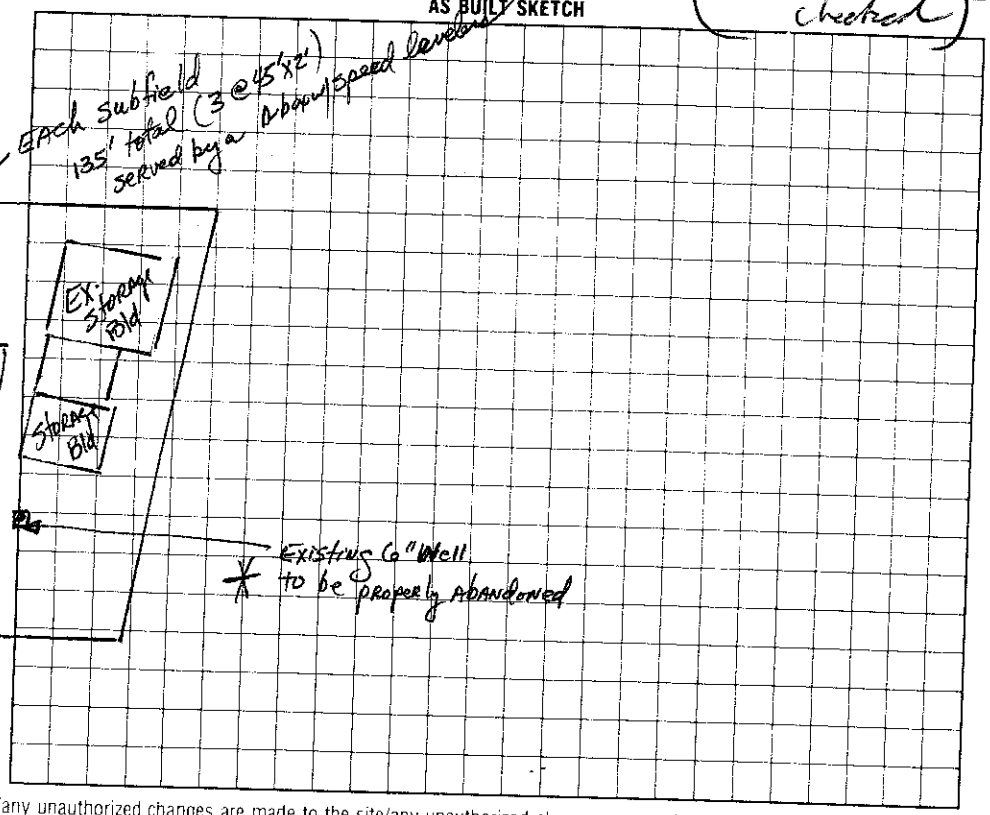
~~UPPER 3 PROFIT LINES CORRECTED~~ (5 Lines checked)

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Signed: [signature]

Improvement Permit ~~Authorization~~ by: [signature], RS date 3/12/96

~~Existing System Inspection by:~~ ~~to Construct~~ [signature], RS date 7/2/96

Installed by: ROBERT BROWN

Certificate of Completion by: _____ date _____

Operation Permit by: C. [signature] date 11/4/97

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