IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4628-69-2864 DATE 4/15/02

OWNER OR CONTRACTOR Kitt Skouie PHONE Business — Home (704) 528-7555

ADDRESS 210 Allendale Circle Troutman, N.C. 28166

LOCATION Perth Rd. (R) on State Park, (L) on Morrison Farm Road, (R) on Allendale Circle, 210 Allendale Circle

SUBDIVISION Allendale Point BLOCK / SECTION — LOT 15 LOT AREA .60 Acres SITE CLASS PS DESIGN FLOW 240 LTAR .35

Septic Tank: 1,000 Gallons; STB 1012 Date 3-4-02

Pump Tank: 1,000 Gallons; PT 17 Date 3-18-02

Pump Make: GOULDS Model WE0311M Serial No. BU26839

Nitrification Field: No Fields 1 Square Feet equiv. 686 Linear Feet 175

No Lines 4 Trench Width 3ft Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: ______

Repair System Description: Pump 25% Reduc.

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms ___ No. Employees ___

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

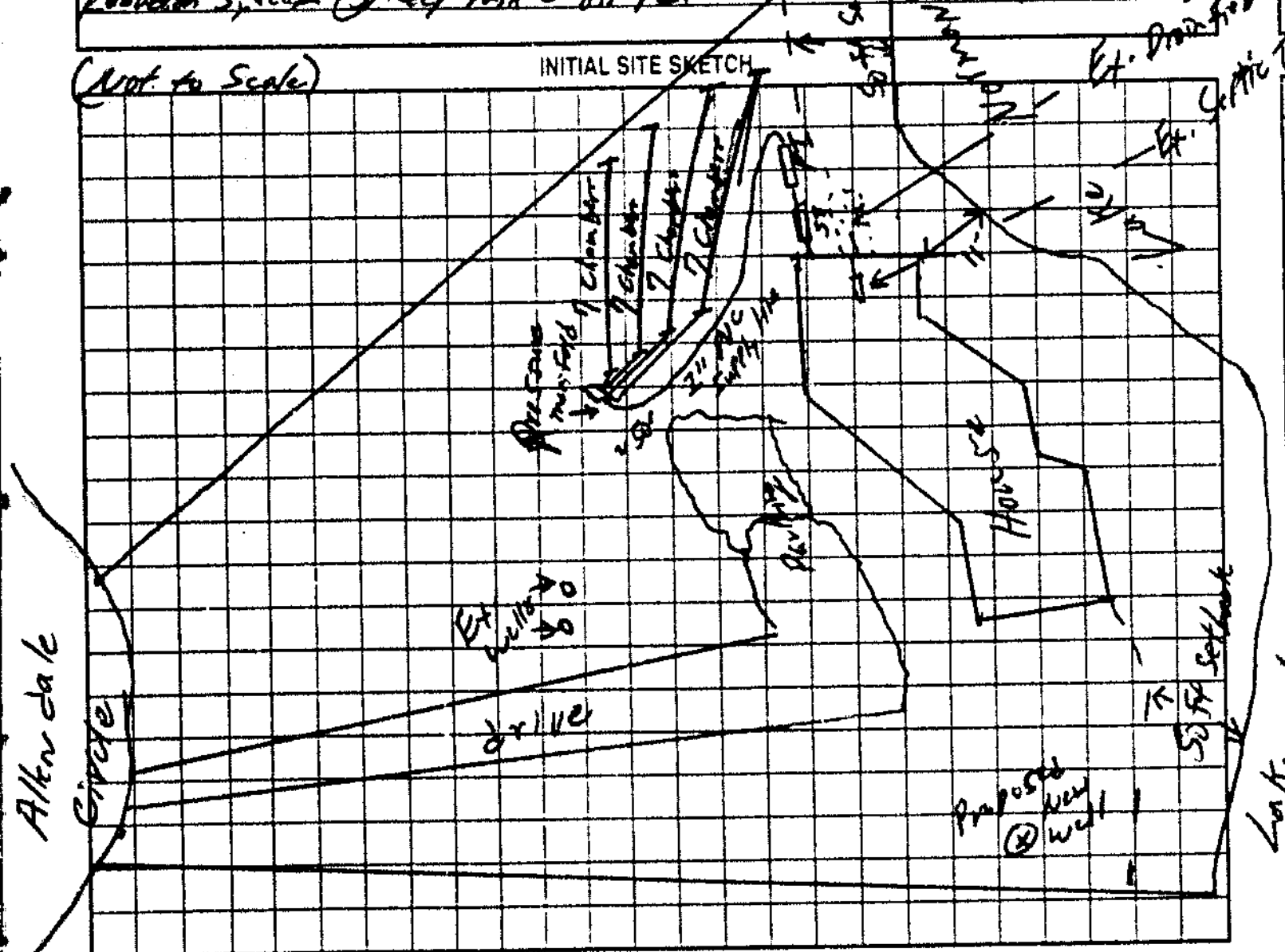
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: (1) Must Abandon Ex. wells, + Keep min 50ft from New Well (2) Install 28 Chambers or 18-10' HDPE Sections for 25% Reduction System (3) Keep min 5' off PL + 50 ft from Lake.

Comments:/Conditions: (4) Ex Septic Tank must be pumped out after new system is Established. (5) See Attachments A+B for permit

(Not to Scale)

INITIAL SITE SKETCH



AS BUILT SKETCH

POLYLOK FILTER + RISERS
V'D EVERYTHING NEED WELL ABANDONMENT
FORMS, WILL FAX COPY
FAXED TO OFFICE

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: X [signature] date 4/15/02 installed by: DAVID YOUNTZ

Improvement Permit by: William O. Johnson date 4/15/02 Operation Permit by: [signature] RS date 04-25-02

Authorization to Construct by: William O. Johnson date 4/15/02 Existing System Inspection by: ______ date ______

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