* THIS PERMIT VOIDS PREVIOUSLY ISSUED PERMIT, ISSUED 09/24/02.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094460 PIN# 4629-64-~~1777~~ 2363 DATE 03/28/03

OWNER OR CONTRACTOR PROVIDENT HOMES PHONE: Business 704-849-7210 ~~HOME~~ CELL 704-361-3828

ADDRESS 6707 FAIRVIEW RD SUITE B CHARLOTTE, NC 28210

LOCATION PERTH RD., (R) STATE PARK RD., (L) MORRISON FARM, (R) SUNSET BAY, (L) COVEDALE CT., PROPERTY ON RIGHT.

SUBDIVISION SUNSET BAY BLOCK / SECTION ____ LOT 11 LOT AREA 0.941 ACRES SITE CLASS. PS DESIGN FLOW 600 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,500 Gallons; STB 338 Date [redacted]
Pump Tank: ____ Gallons; PT ____ Date 02/20/03
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ to 2,000 Linear Feet 500
No Lines 8 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: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUC., LOW PRESSURE
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees ____
☐ Other ____

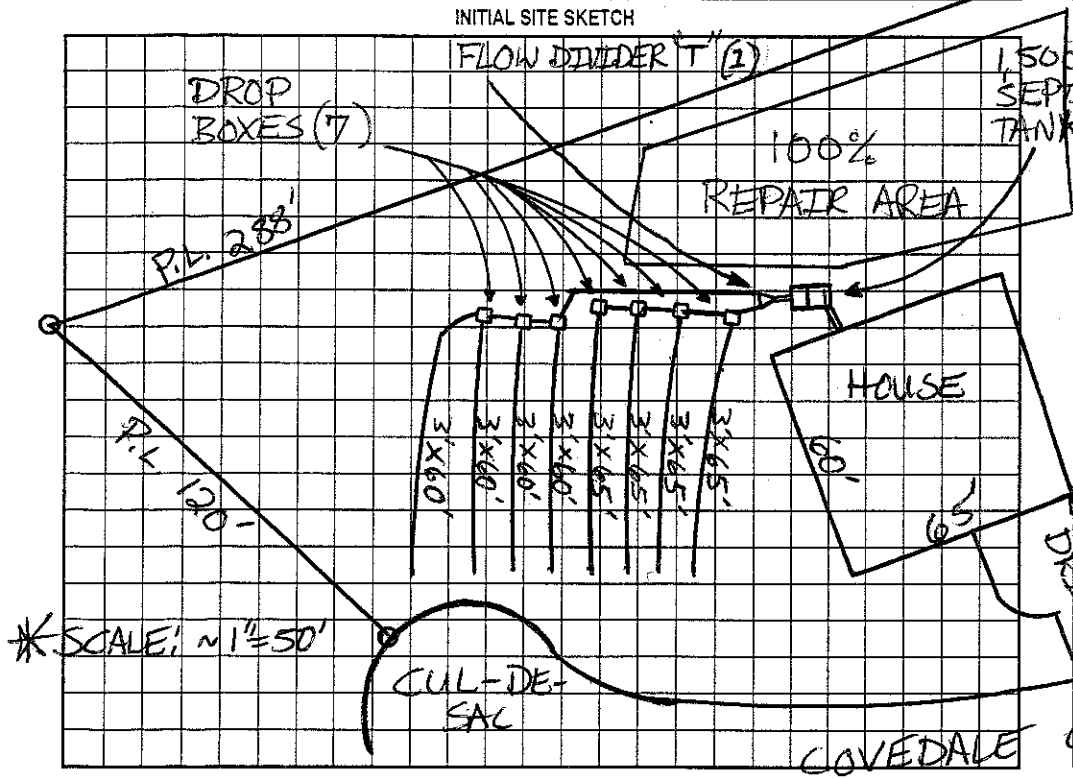
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public X Community

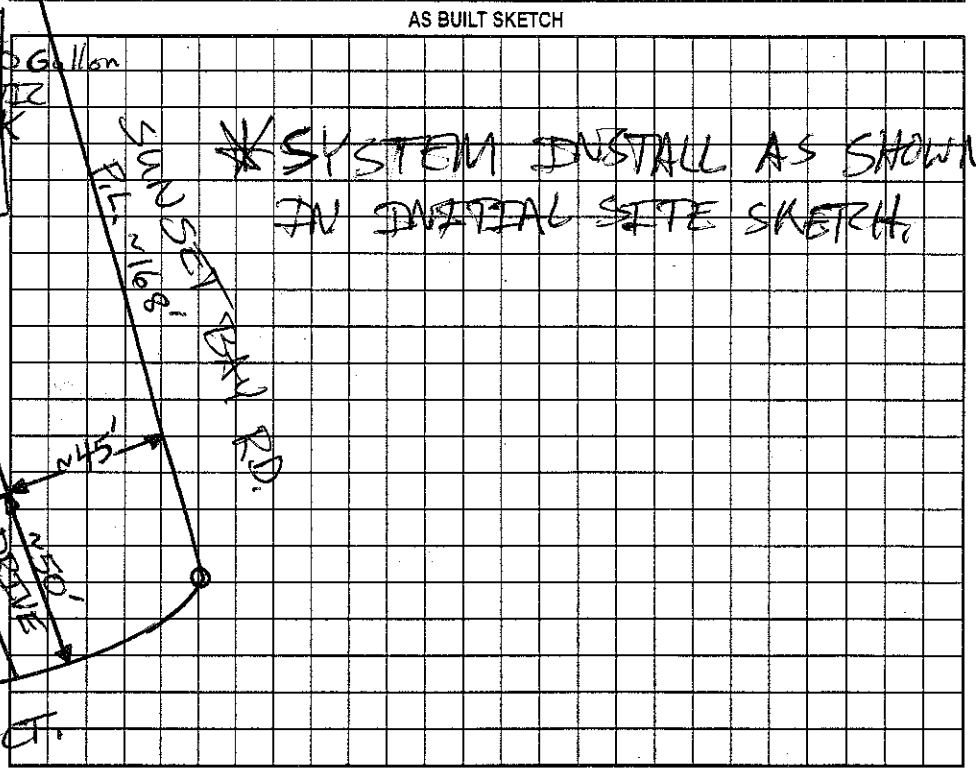
Comments/Conditions: (1) INSTALL SYSTEM USING 1,500 GALLON SEPTIC TANK.

Comments/Conditions: - SEPTIC TANK INSTALLED USING 2ABEL FILTER + TANK MARKER.

INITIAL SITE SKETCH



AS BUILT SKETCH



* SCALE: ~1"=50'

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: FOR PROVIDENT HOMES date 4-1-03 Installed by: KEVEN HALLMAN 04/03/03

Improvement Permit by: Patrick Mitchell date 03/28/03 Operation Permit by: Patrick Mitchell date 04/03/03

Authorization to Construct by: Patrick Mitchell date 03/28/03 Existing System Inspection by: ____ date ____

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