(2.00)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073629 PIN# ~~4635 58 3497~~ 4635-58-~~2230~~ 3497 DATE 6/22/98

OWNER OR CONTRACTOR Brad Newton PHONE: Business _____ Home 663-4797

ADDRESS 21308 Mayhaw Rd. NC. 28115

LOCATION 1100 TL Stutts Rd. TR Southwood Dr., 4 lot on (L)

SUBDIVISION MARINA VILLAGE BLOCK / SECTION _____ LOT 30 LOT AREA .46AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB T94 Date 5/28/99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900~~*~~ Linear Feet 300~~*~~
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

[X] New System [ ] Repair System Type: I, II, [III], IV, V, VI
System Description: GRAV-CH PLASTIC
Repair System Description: SAME
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2.5
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

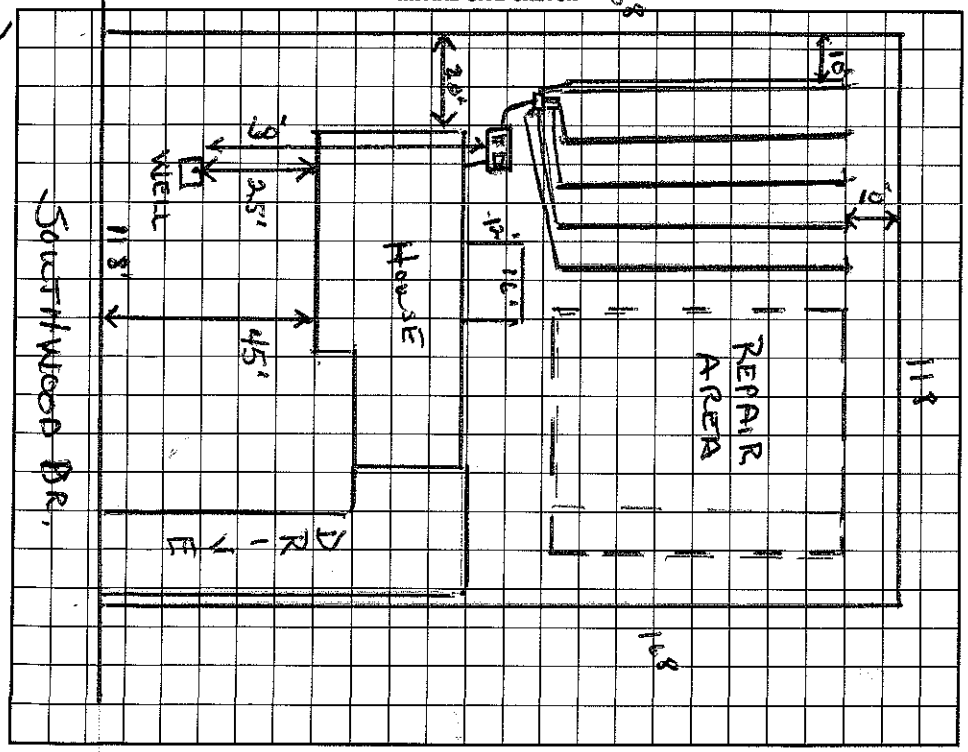
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: ~~*~~ 25% reduction for Type III Modified Drainfield

Comments:/Conditions:

(1" = 40')

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. 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: ~~*~~ Brad D. Newton date 6/23/98
Improvement Permit by: Wesley Sparks RS. date 6/22/98
Authorization to Construct by: Wesley Sparks RS date 6/22/98

Installed by: Charles Bailey
Operation Permit by: C. Bailey date 7/6/99
Existing System Inspection by: _____ date _____

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