IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134982 PIN# 4636061620 DATE 4-20-06

OWNER OR APPLICANT Ryan-West PHONE: Business 799-8641 Home

ADDRESS 127 B Promenade Drive Mooresville NC 28117

LOCATION Brawley School TR Poplar Grove TR Tawny Back lot at end of cul-de-sac

SUBDIVISION Poplar Grove BLOCK / SECTION LOT 36 LOT AREA .794 Acres SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1007 Date 9-6-06
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: ☐ II ☐ III ☐ IV ☐ V ☐ VI
System Description: Gravity - 25% Reduction
Repair System Description: Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

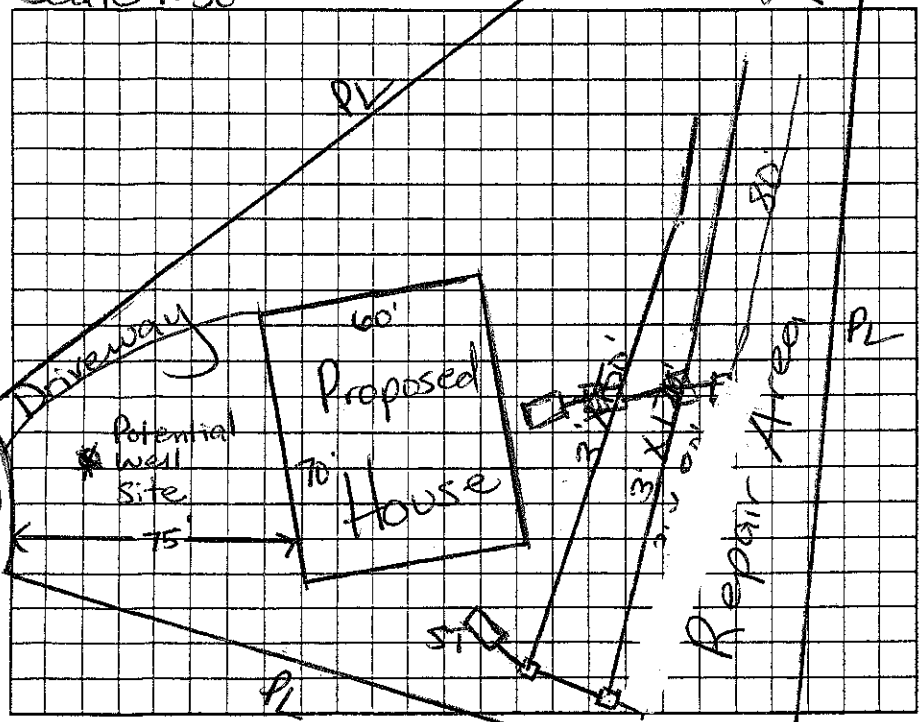
Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

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Scale 1:50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick 4 Plastic Chamber 5 lines @ 80 ft. ea.

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 4/24/06

Improvement Permit by: Maina M. Dotson RS date 4/20/06

Authorization to Construct by: Maina M. Dotson RS date 4/24/06

Installed by: Wayne Grant RS

Operation Permit by: Maina M. Dotson date 11/1/06

Existing System Inspection by: date

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