IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133885 PIN# 4636 13 3817 DATE 6-23-08

OWNER OR APPLICANT Orleans Homebuilders Inc. PHONE: Business 704-942-1250 ~~Home~~ Kathleen

ADDRESS 700 Forrest Pine Ln Suite 102 Charlotte 28278

LOCATION Brawley School Rd, TL Isle of Pines, TR Cove Creek Rd, on L

SUBDIVISION Chesapeake Point BLOCK / SECTION 1 LOT 94 LOT AREA 1.06 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .5

Septic Tank: 1000 Gallons; STB 794 Date 7-17-08
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1206' Linear Feet 402'
No Lines 3@134' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Gravity 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

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

Water Supply: ☐ Individual ☐ Public ☒ Community

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

Comments/Conditions: *Install per plan specs

Comments/Conditions:

INITIAL SITE SKETCH

See attached plan from S+ME

AS BUILT SKETCH

Installed EZ Flow as shown

RECEIVED

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: Chuck Rose date 6-26-08 Installed by: Willie Christenbury RS

Improvement Permit by: [signature] date 6-23-08 Operation Permit by: [signature] date 9/9/08

Authorization to Construct by: Wesley Sparks RS. date 6/26/08 Existing System Inspection by: _____ date _____

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