IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 77577 PIN# 4636183295 DATE 4/10/01

OWNER OR CONTRACTOR Shawn Ogden PHONE: Business _____ Home 664-0501

ADDRESS 755 Big Indian Cir Mooresville NC 28117

LOCATION Brawley School, R Blume, L Beech tree, East Ron Lns

SUBDIVISION Beechtree Forest BLOCK / SECTION _____ LOT 13 LOT AREA 1.04 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 10/9/00
Pump Tank: 1000 Gallons; PT #7 Date 11/9/00
Pump Make: Meyers Model ME40 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 @ 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Pres. Man. 25% Reduc
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☐ No

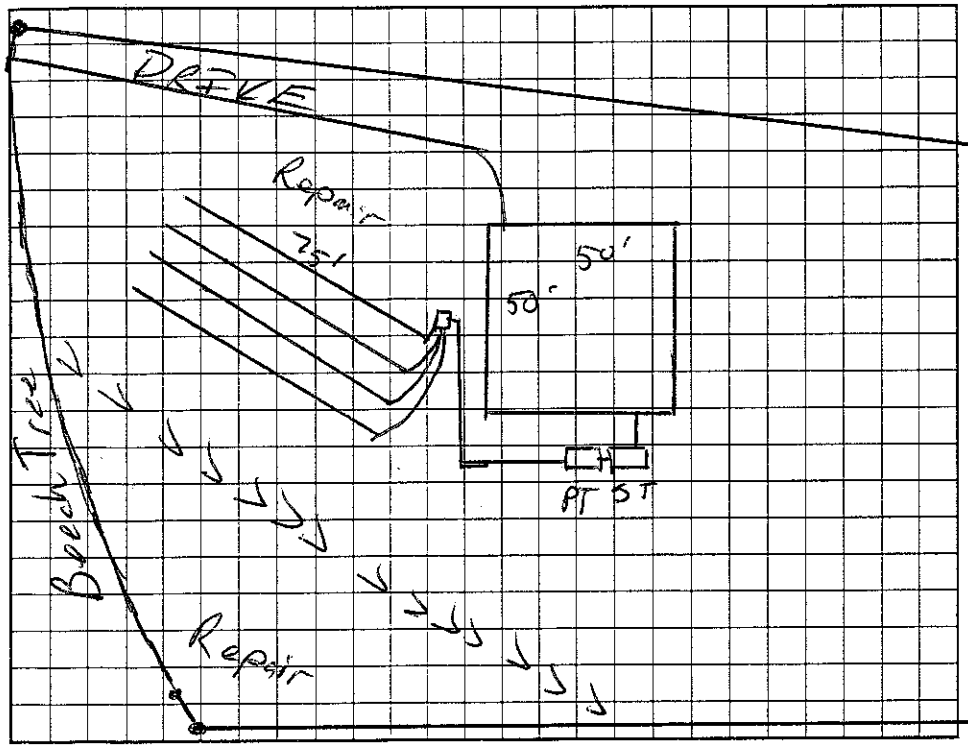
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

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INITIAL SITE SKETCH



AS BUILT SKETCH

Installed "Plastic Chambers" as Drainfield

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: L. Shawn Ogden date 4-10-01 Installed by: Richard Abernathy

Improvement Permit by: [signature] date 4/10/01 Operation Permit by: Maria H. Hutchinson RS date 4/27/2001

Authorization to Construct by: [signature] date 4/10/01 Existing System Inspection by: _____ date _____

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