IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111783 PIN# ~~4636-95-5386.24~~ 4636957724 DATE 4/10/03

OWNER OR CONTRACTOR Spear Const. PHONE: Business 704 636 7954 Home

ADDRESS 607 Anderson Ave. Salisbury NC 28144

LOCATION Brawley Sch, TL Conesbeck, TL 2nd Woodduck Lp, TR Crystal Cir, 2nd on Rt.

SUBDIVISION Woodland Hills BLOCK / SECTION 10 LOT 24 LOT AREA 0.69 AC SITE CLASS AS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 825 Date 3/24/03

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: Pump Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

DRIVE

25'

INITIAL SITE SKETCH

40'

44'

32'

Repair Area

Unit 1

80-

Swell to Divert surface

DRAINAGE

AS BUILT SKETCH

Comments:/Conditions:

Installed

4@100'

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 5/29/03

Improvement Permit by: RS date 4/10/03

Authorization to Construct by: RS date 4/10/03

Installed by: Rowan Septic

Operation Permit by: RS date 10/7/03

Existing System Inspection by: date

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