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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119525 PIN# ~~4637-16-6015-004~~ 4637-05-5304 DATE 7/15/04

OWNER OR CONTRACTOR McCrary Woods PARTNERS LLC / Top Notch, Inc PHONE: Business 799-9770 Home

ADDRESS PO BOX 3608 MOORESVILLE NC 28117

LOCATION 150 West - TL McCrary RD - TR REVERWOOD - ON RT

SUBDIVISION McCRARY WOODS BLOCK / SECTION LOT 4 LOT AREA .73AC SITE CLASS. FS DESIGN FLOW 480GPD L.T.A.R. .3600/FT2

Septic Tank: 1000 Gallons; STB 160 Date 4/27/2005
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 N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

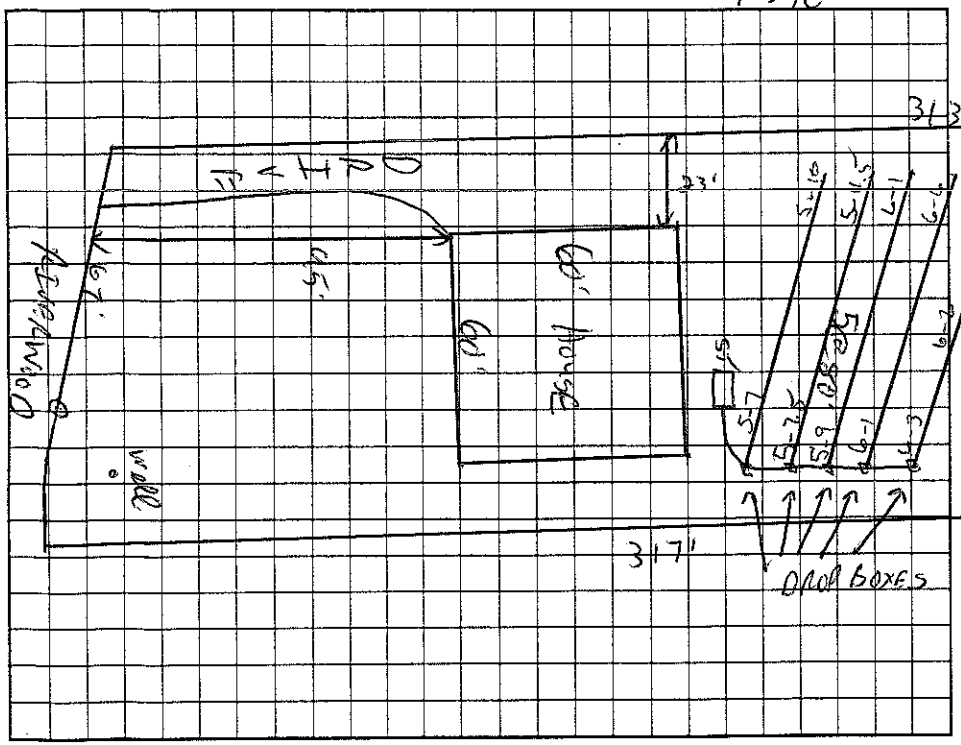
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

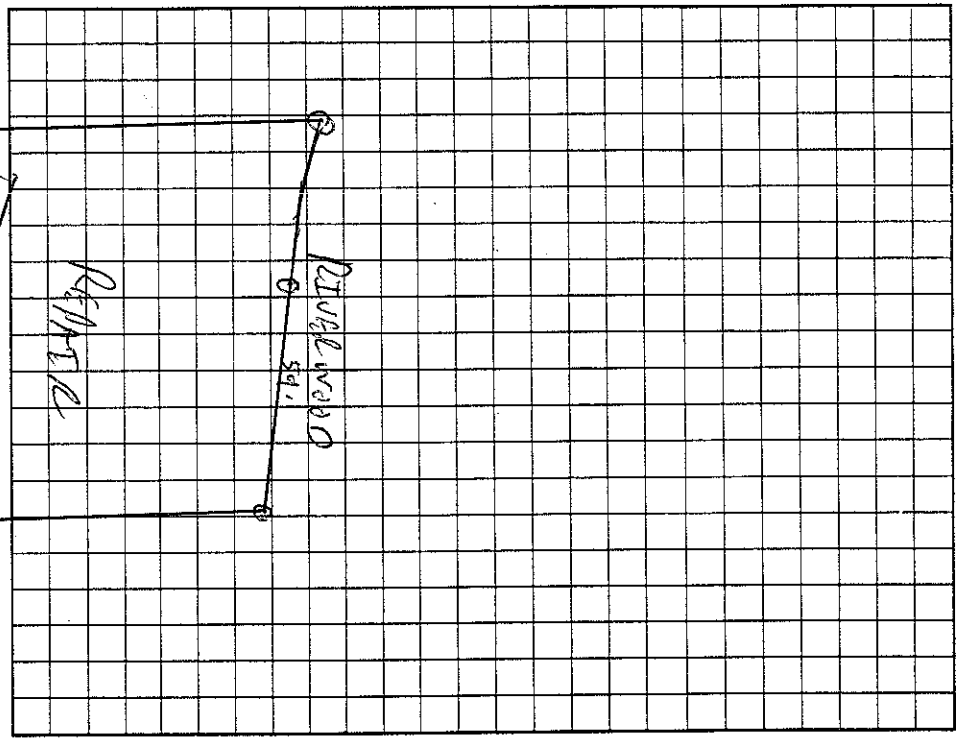
Comments:/Conditions: Reviewed Building plans & site plans, essentially in Compliance with original permit

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH



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 8-3-04 Installed by: Leatherwood

Improvement Permit by: RS date 7/15/04 Operation Permit by: Wesley Sparks RS date 6/20/05

Authorization to Construct by: RS date 2/22/05 Existing System Inspection by: date

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