IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 107137 PIN# 4637-35-8597 DATE 7/3/02

OWNER OR CONTRACTOR John Aultman PHONE: Business _____ Home 336-838-4816

ADDRESS 490 Sedgefield Cr. Wilkesboro NC 28697

LOCATION 150W, TL Bobcat, TR Kingfisher, TL Woodthrush at end on Lt.

SUBDIVISION Whippoorwill Woods BLOCK / SECTION _____ LOT 28 LOT AREA 1.343 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 3/8/03
Pump Tank: 1000 Gallons; PT 24 Date 3/12/03
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6@67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Press. Man. 25% Rid.
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

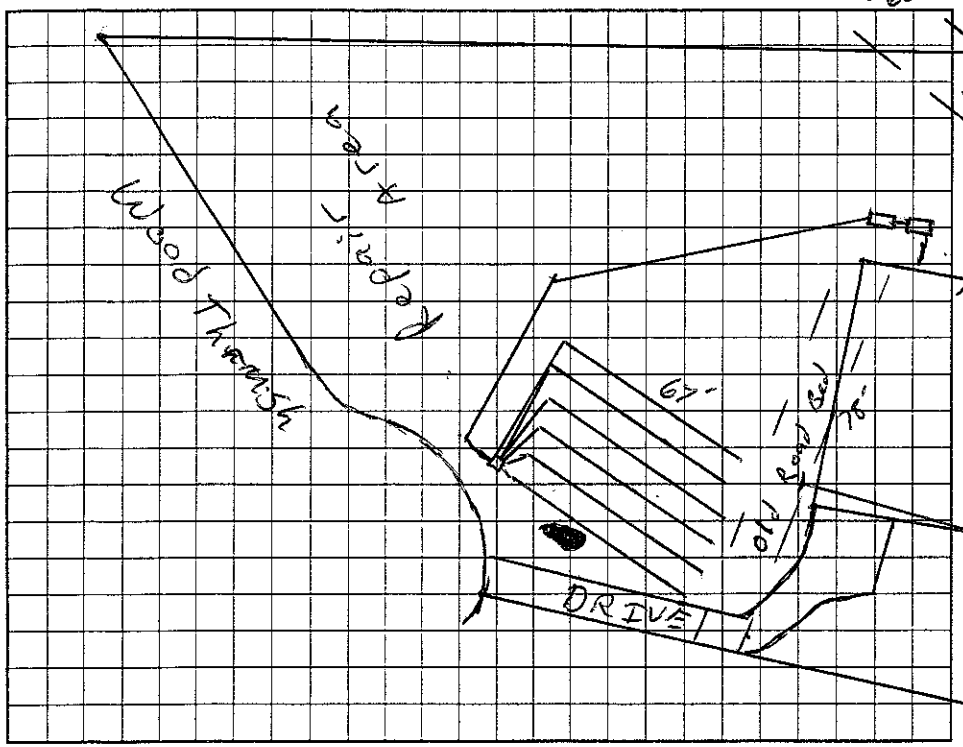
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

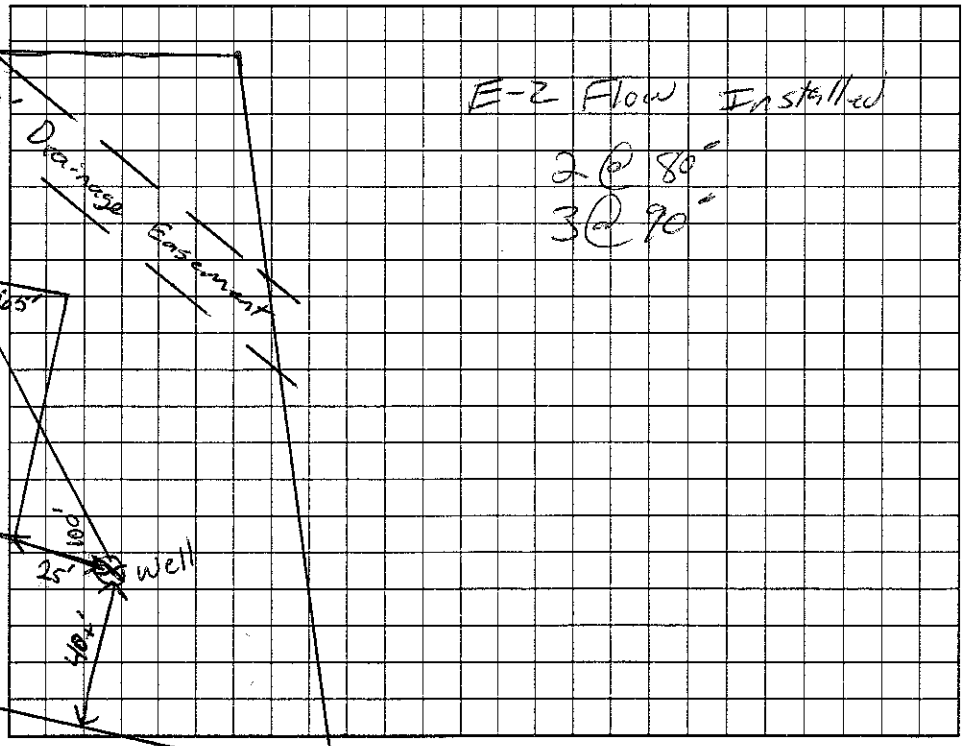
Comments:/Conditions:

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INITIAL SITE SKETCH 1"=60'



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: [signature] date 7/11/02 Installed by: McAllister Grading

Improvement Permit by: [signature] RS date 7/3/02 Operation Permit by: [signature] RS date 11/2/03

Authorization to Construct by: [signature] RS date 7/3/02 Existing System Inspection by: _____ date _____

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