IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131887 PIN# 4638 19 9360 DATE 9/1/06

OWNER OR APPLICANT John Preston Homes, LLC PHONE: Business _____ Home _____

ADDRESS PO Box 29 Troutman NC 28166

LOCATION Perth Rd (W), TL Fern Hill, on Rt before Bridalwood

SUBDIVISION Lake Wood Cross BLOCK / SECTION _____ LOT 3 LOT AREA 1.85 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1007 Date 6/14/06
Pump Tank: 1000 Gallons; PT 774 Date 6/14/06
Pump Make: Zoeller Model EH65-C Serial No. 1655000
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI
System Description: Pump 25% Reduction
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

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

Water Supply: ☒ Individual ☐ Public ☐ Community

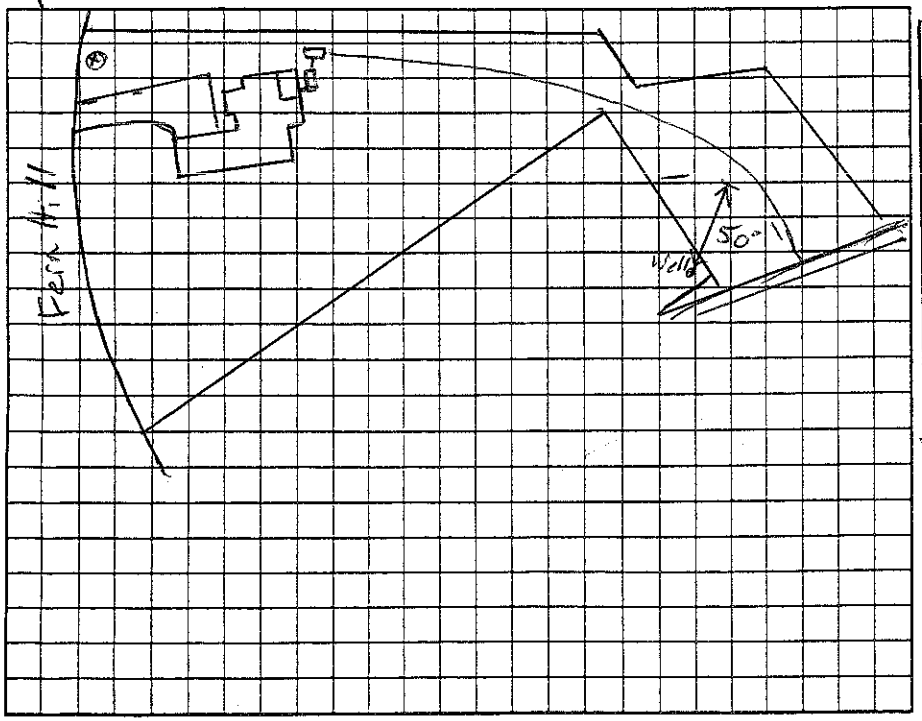
Gravel Depth — ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: 10/8/07 Set pressure head @ 2½ ft

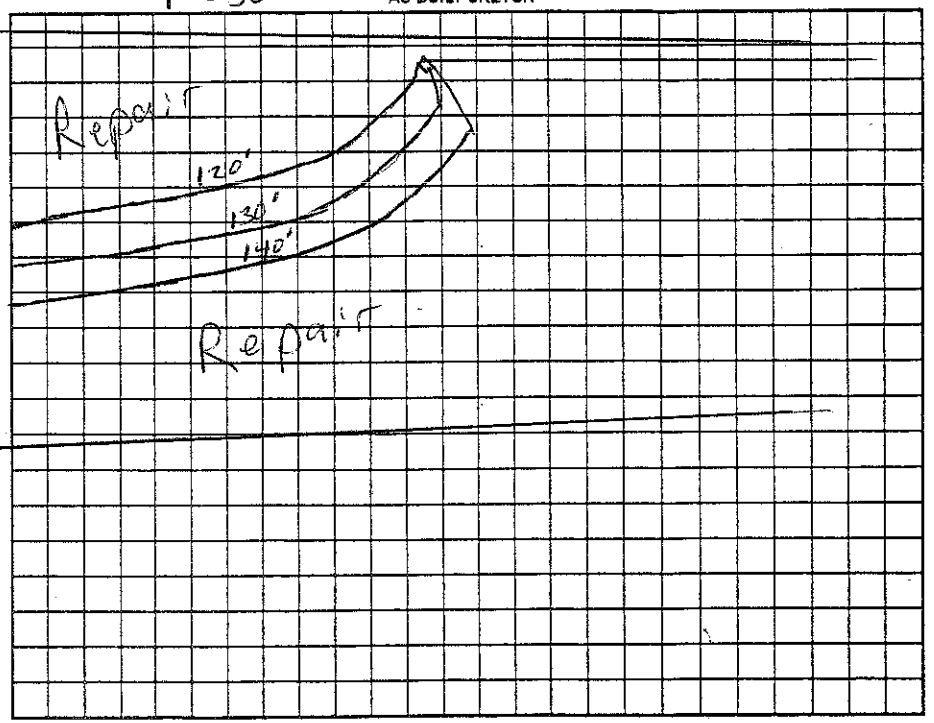
1" = 100'

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: [signature] date 9/11/06

Improvement Permit by: [signature] RS date 9/1/06

Authorization to Construct by: [signature] RS date 9/1/06

Installed by: Wayne Chantz

Operation Permit by: [signature] RS date 10/8/07

Existing System Inspection by: _____ date _____

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