4639 45 9460

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14371 PIN# 4639 55 0682.010 DATE August 21, 2007

OWNER OR APPLICANT ~~Eagland Brown Construction, Inc~~ Mike Jacobs PHONE: Business _____ Home _____

ADDRESS 19550 Ukeaver's Lick, Cornelius N.C. 28031

LOCATION Perth Rd. (N) TL Fern Hill Rd. TR Hawks Nest Ln. on Right on cul-de-sac

SUBDIVISION Woodstream Estates BLOCK / SECTION _____ LOT 10 LOT AREA .76 ac SITE CLASS. PS DESIGN FLOW 450gpd L.T.A.R. .275 design

Septic Tank: 1000 Gallons: STB 3 12 27 Date 12-28-07

Pump Tank: 1000 Gallons: PT _____ Date 12-29-07

Pump Make: Goulds Model PE51 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 870 * Linear Feet 290 *

No Lines 4 Trench Width 36" * Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

* PER plan specs
2/21/08 Lines, tanks & pressure Checked by BA

Comments:/Conditions:

INITIAL SITE SKETCH

SEE Plan from Rollans Soil & Env. Services

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: Mike Jacobs date 8-22-07 Installed by: Richard Abernathy RS

Improvement Permit by: _____ date 8-21-07 Operation Permit by: Maria A. Coleman RS date 4/16/08

Authorization to Construct by: Judy Melville date 11-28-07 Existing System Inspection by: _____ date _____

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