IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11772 PIN# 4639 96 2769.36 4639-96-5364 DATE 4/6/04

OWNER OR CONTRACTOR HONEYSUCKLE CREEK LLC/TECHLAND BRUSH PHONE: Business 201-6465 Home

ADDRESS 227 HIDEAWAY LN MOORESVILLE NC 28117

LOCATION PERTH (N) - TL 1st HONEYSUCKLE - LOT ON RT - SEPTIC ACROSS STREET

SUBDIVISION HONEYSUCKLE CREEK BLOCK / SECTION LOT 36+36A LOT AREA 1.8AC + .29AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .36GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 2/20/06

Pump Tank: 1000 Gallons; PT 502 Date 1/18/06

Pump Make: ZOELLER Model Serial No.

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

No Lines 4 @ 100' 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: PUMP OFFSITE 25% REDUCTION

Repair System Description: 20 L.P. PANEL OFFSITE

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

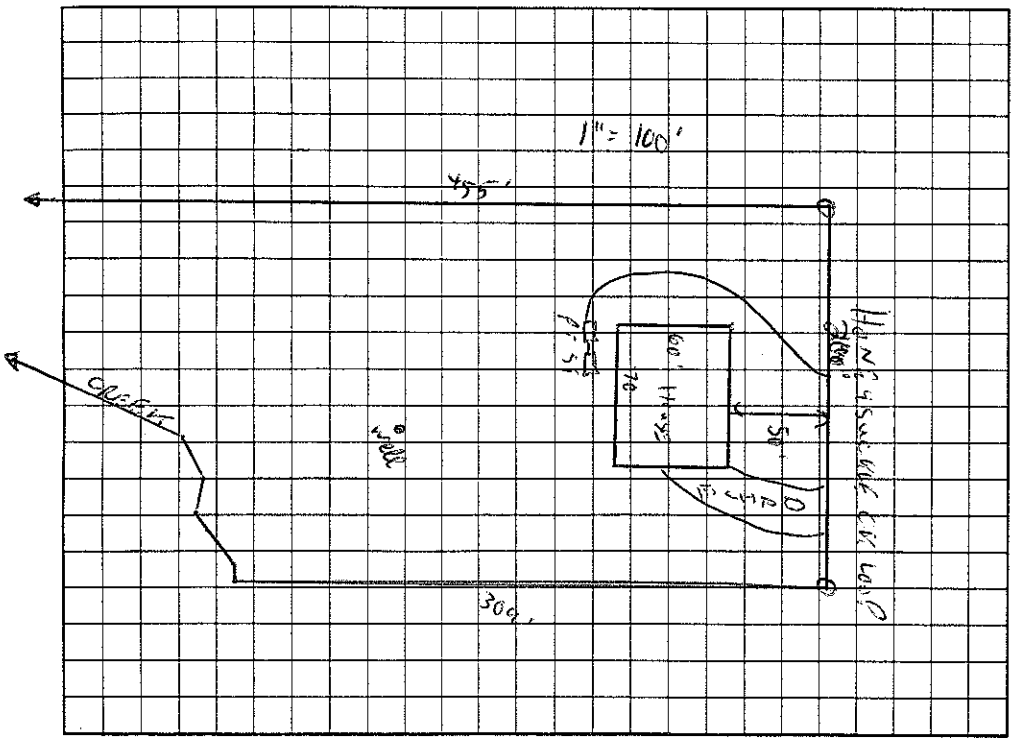
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: SEE MASTER PLAT FOR SEPTIC SUPPLY LINE EASEMENTS

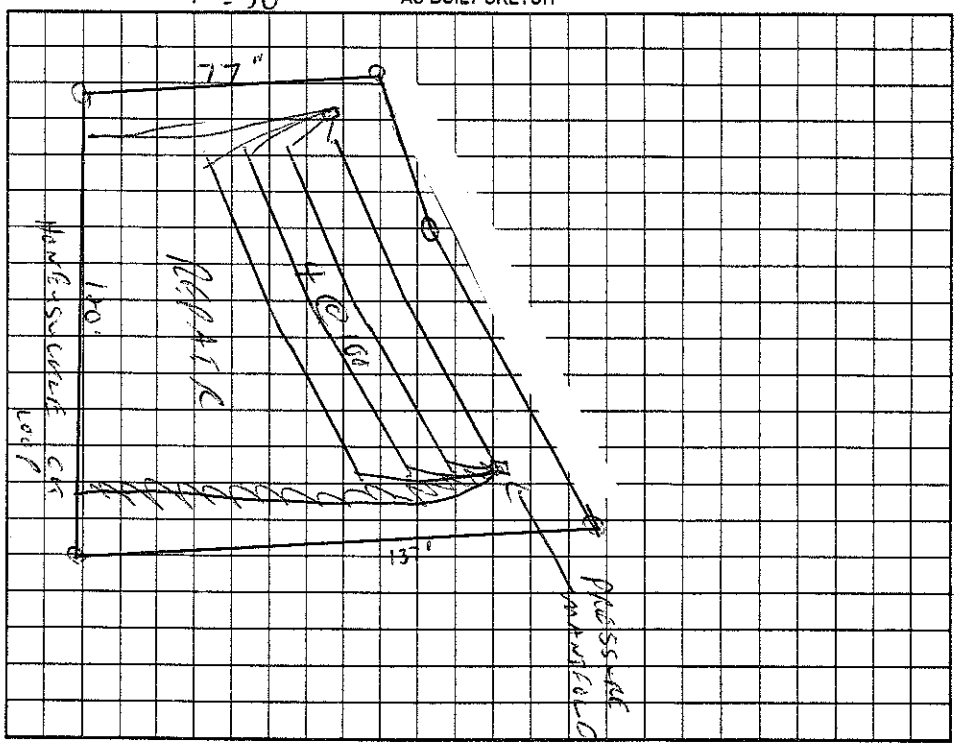
Comments:/Conditions:

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: [signature] mrq date 7-28-04 Installed by: Rowan Septic

Improvement Permit by: [signature] RS date 4/6/04 Operation Permit by: [signature] RS date 5/4/06

Authorization to Construct by: [signature] RS date 8/25/05 Existing System Inspection by: date

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

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Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100' 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: PUMP OFFSIDE 25% REDUCTION
Repair System Description: DLP PANEL OFFSIDE
Maintenance Agreement Required: ☐ Yes ☑ No

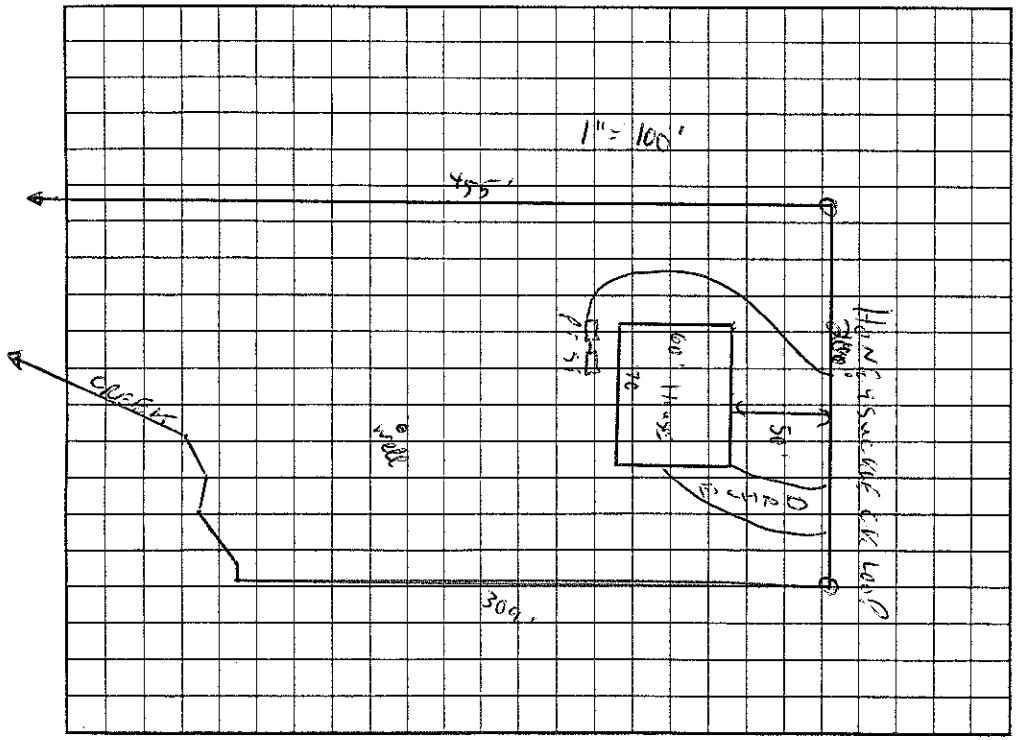
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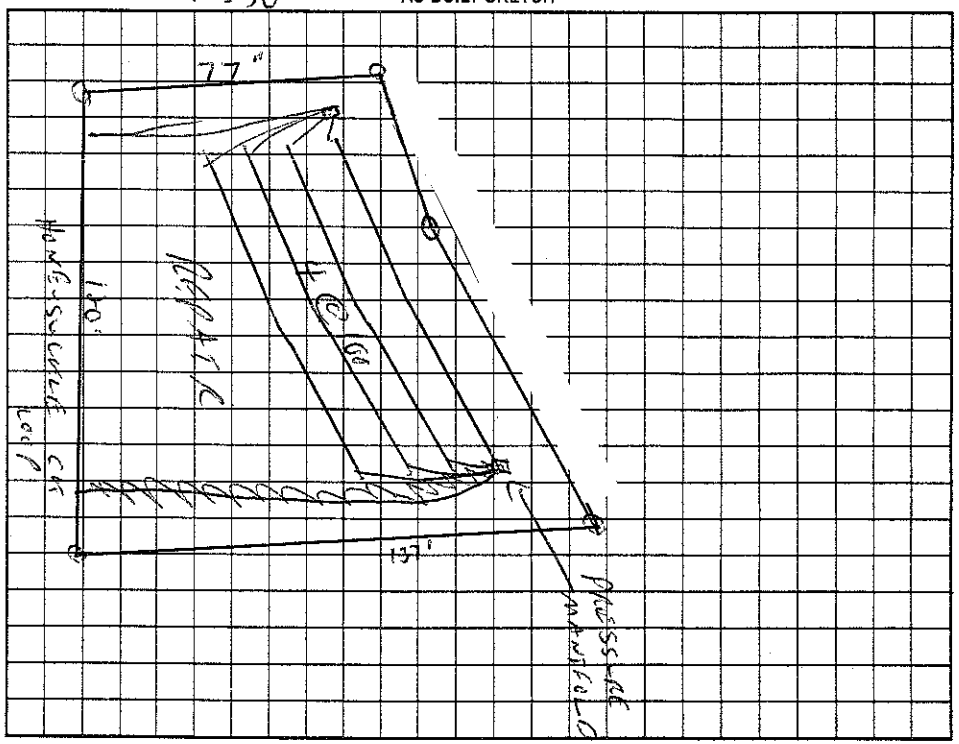
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