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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 INSPECTION

PERMIT# 092968 PIN# ~~4648391738~~ Kim Riveria - Integrity DATE 11/28/2000

OWNER OR CONTRACTOR Davida Alyce Draxler PHONE: Business 528-3320 Home 528-3320

ADDRESS 161 Nile Circle Apt J Mooresville, NC 28117

LOCATION Hwy 21 TL Cornelius TR Tudas TL Meigs on right.

SUBDIVISION Shade BLOCK / SECTION I LOT 5 LOT AREA .74 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 9/14/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Gravity - 25% Reduction

Repair System Description: Pumped - Innovative

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 2.5

[ ] Business No. Employees ____

[ ] Other _____

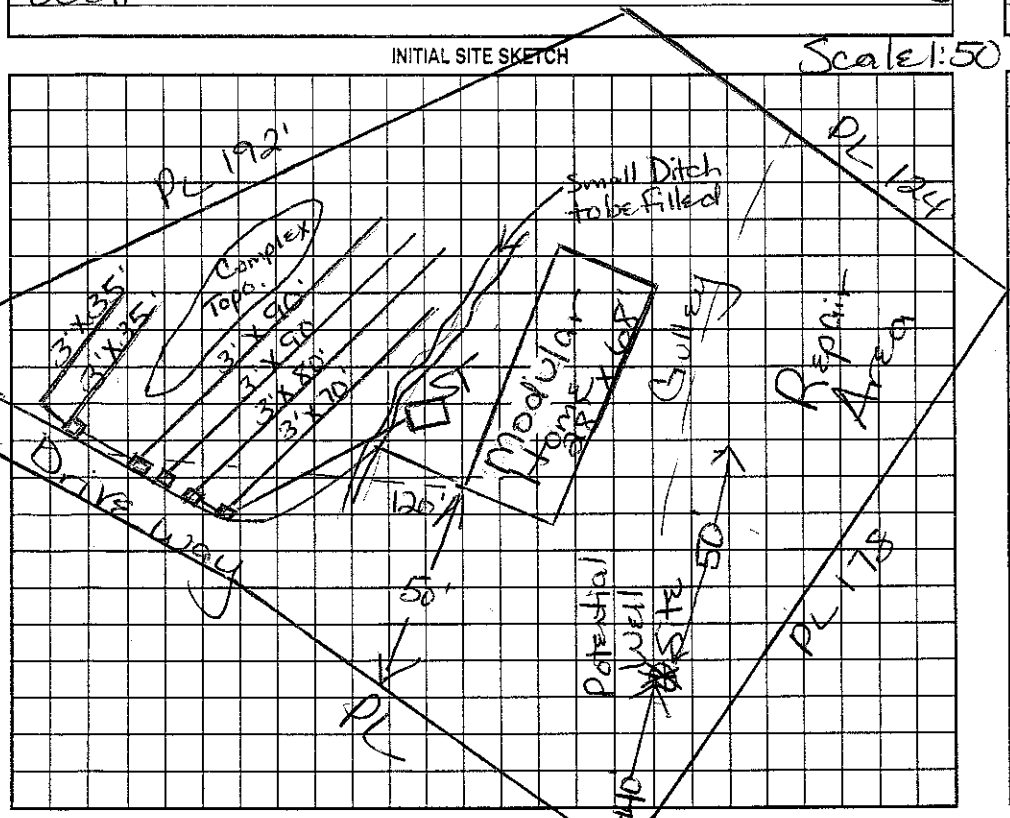
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Keep Septic System at least 10' from PL, 5' from House & 50' from any well

Comments:/Conditions:

INITIAL SITE SKETCH Scale 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: Kim Rivera date _____ Installed by: A-1 Back Hoe

Improvement Permit by: Maria H. Tolson RS date 11/28/2000 Operation Permit by: [signature] RSI date 2/1/01

Authorization to Construct by: Maria H. Tolson RS date 11/28/2000 Existing System Inspection by: _____ date _____

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