IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130 MOORESVILLE 704-664-5281

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

PERMIT# 111680 PIN# 4649 750165.40 4649 75 8082 DATE 7/28/04

OWNER OR CONTRACTOR PREMIERSTAR PROPERTIES/FLEETWOOD PHONE: Business 932-9100 Home

ADDRESS 1709 S. MAIN ST. KANNAPOLIS NC 28081

LOCATION RANKIN HILL-IL MAGIC FOREST - TR MYSTIC CT - AT END 127 Mystic Ct

SUBDIVISION MAGIC FOREST BLOCK / SECTION 4 LOT 40 LOT AREA 2.03 AC SITE CLASS. PS DESIGN FLOW 360GD L.T.A.R. .3600/FPD

Septic Tank: 1000 Gallons; STB 1012 Date 5/11/04

Pump Tank: 1000 Gallons; PT 17 Date 5/5/04

Pump Make: Gould's Model WE0311M Serial No. H0477894

Nitrification Field: No Fields 1 Square Feet ~~720~~ 900 Linear Feet ~~60~~ 300

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Pump 25% Reduction

Repair System Description: STATE

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth 6"

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

No. Bedrooms 3 No. Bathrooms 3 No. Employees

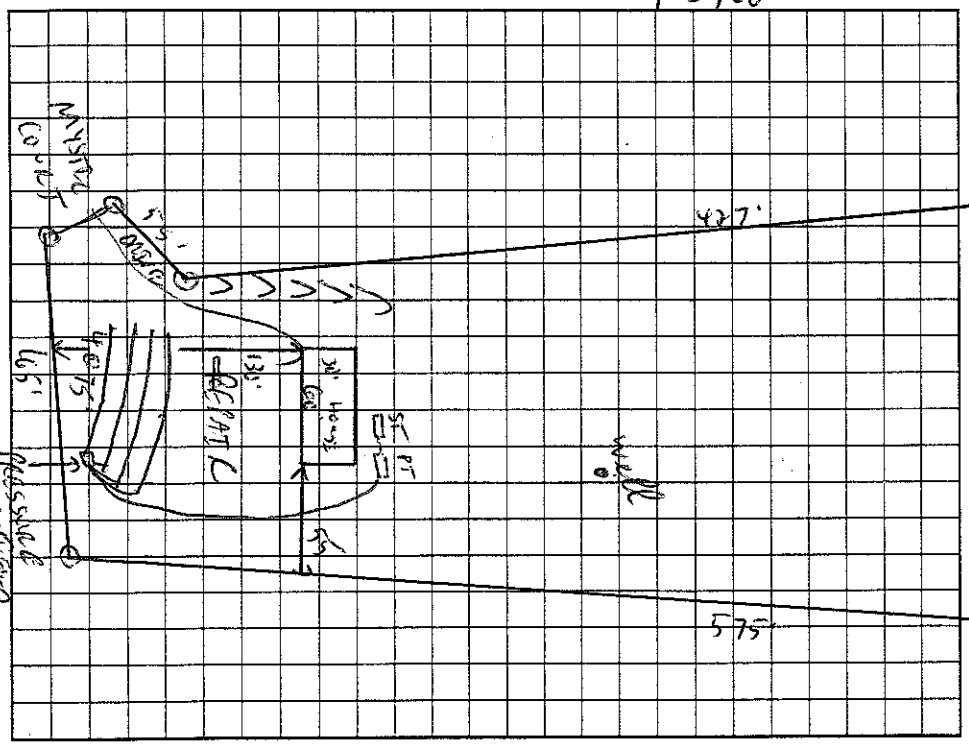
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

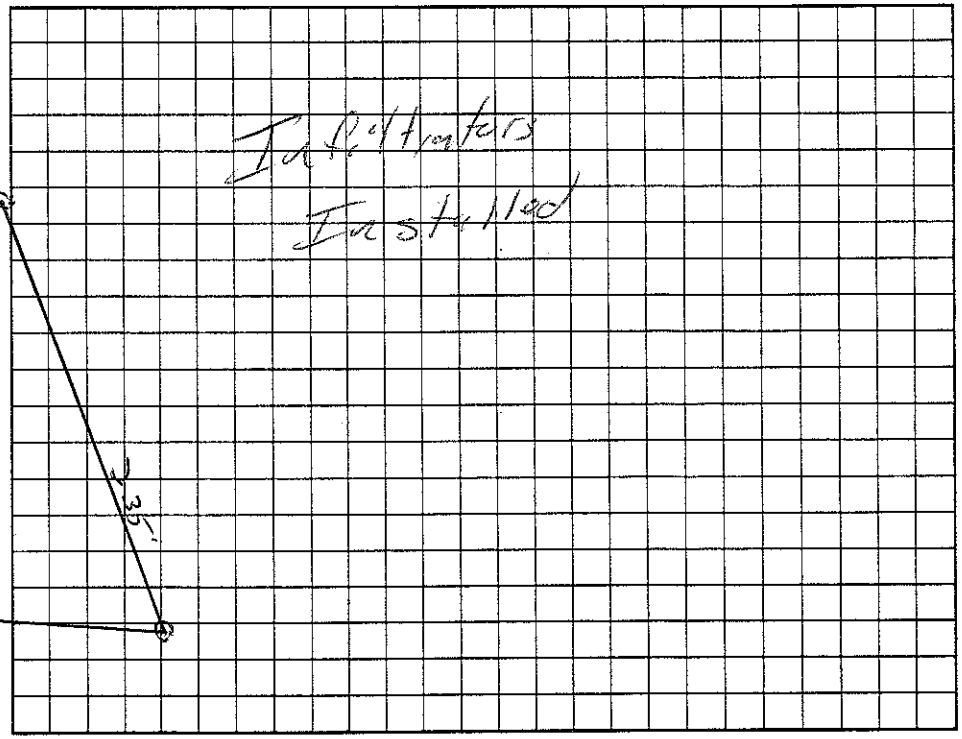
Comments:/Conditions:

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INITIAL SITE SKETCH 1" = 100'



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

Improvement Permit by: [signature] RS date 7/28/04

Authorization to Construct by: [signature] RS date 8/20/04

Installed by: Craig Thompson

Operation Permit by: [signature] RS date 9/14/04

Existing System Inspection by: date

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