IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 111889 PIN# ~~4649 75 0165.43~~ 4649-85-2722 DATE 7/13/04

OWNER OR CONTRACTOR PRIMESTAR PROPERTIES/CLAYTON HOMES PHONE: Business 932-9100 Home

ADDRESS 1709 S. MAIN ST. KANNAPOLIS, NC 28081

LOCATION 71 N - TL FLOWERHOUSE - TL RANKEN HILL - TL MAGIC FOREST ON LT

SUBDIVISION MAGIC FOREST BLOCK / SECTION 4 LV LOT 43 LOT AREA .69Ac SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .300/FT

Septic Tank: 1000 Gallons; STB 1012 Date 3-28-02

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@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: GRAVITY 25% REDUCTION

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 3 No. Employees ____

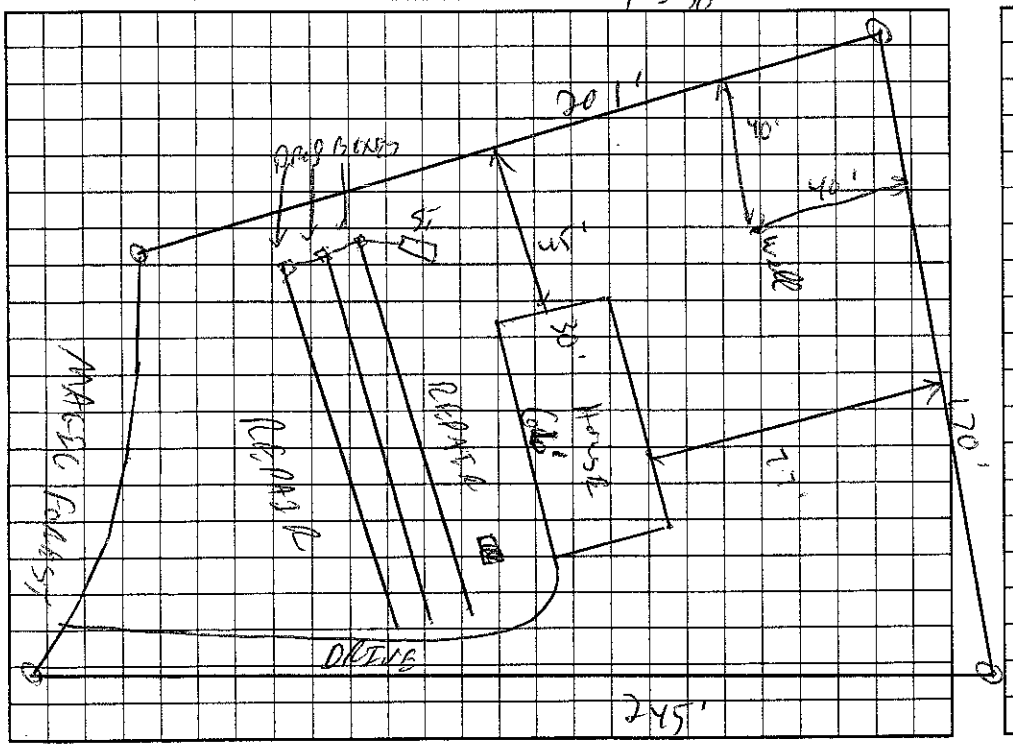
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

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INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed "Plastic Chambers"

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: ____ date 7/13/04 Installed by: Craig Thompson RS

Improvement Permit by: ____ date 7/13/04 Operation Permit by: Marian H. Dobson date 5/18/04

Authorization to Construct by: Wesley Franks RS date 7/25/04 Existing System Inspection by: ____ date ____

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