IREDELL COUNTY HEALTH DEPARTMENT

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

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

10 3.

PERMIT# 104243 PIN# ~~4655-30-2527.01~~ 4655-30-0224 DATE Nov 2, 04

OWNER OR CONTRACTOR Tom Wynn / Synergy South LLC PHONE: Business _____ Home _____

ADDRESS 167 Monarch Ln / Mooresville 28115

LOCATION 115 S. TL Midway Lake Rd TL Monarch Lane 1st lot on left

SUBDIVISION Davidson Creek BLOCK / SECTION _____ LOT 1 LOT AREA 1.15Ac SITE CLASS. 5 DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 3/7/05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 6 centered Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☐ Yes ☑ No initially

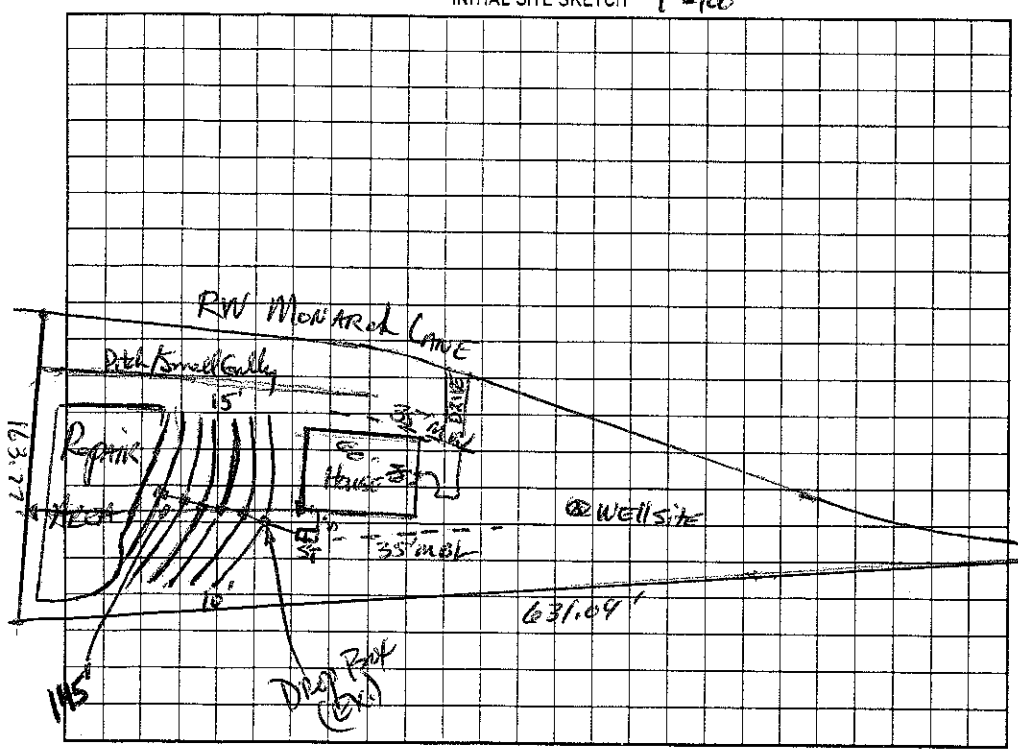
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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: Tom Wynn date 11-10-04

Improvement Permit by: DHamon, RS date 11-2-04

Authorization to Construct by: DHamon, RS date 11-2-04

Installed by: Penn Windham

Operation Permit by: Wesley Sparks RS. date 4/20/05

Existing System Inspection by: _____ date _____

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