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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# 129981 PIN# 4674533788.000 DATE 8/3/07

OWNER OR APPLICANT Patricia Weavel PHONE: Business 704-933-7506 Home

ADDRESS 10910 Archer Rd. Davidson, NC 28036

LOCATION Hwy 3 to Eastmarkt Lake Th on Archer Rd. 10802 Archer Rd.

SUBDIVISION — BLOCK / SECTION LOT LOT AREA 1.75 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 194 Date 2-9-07
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field. No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons No. Employees

Water Supply: ☑ Individual ☐ Public ☐ Community

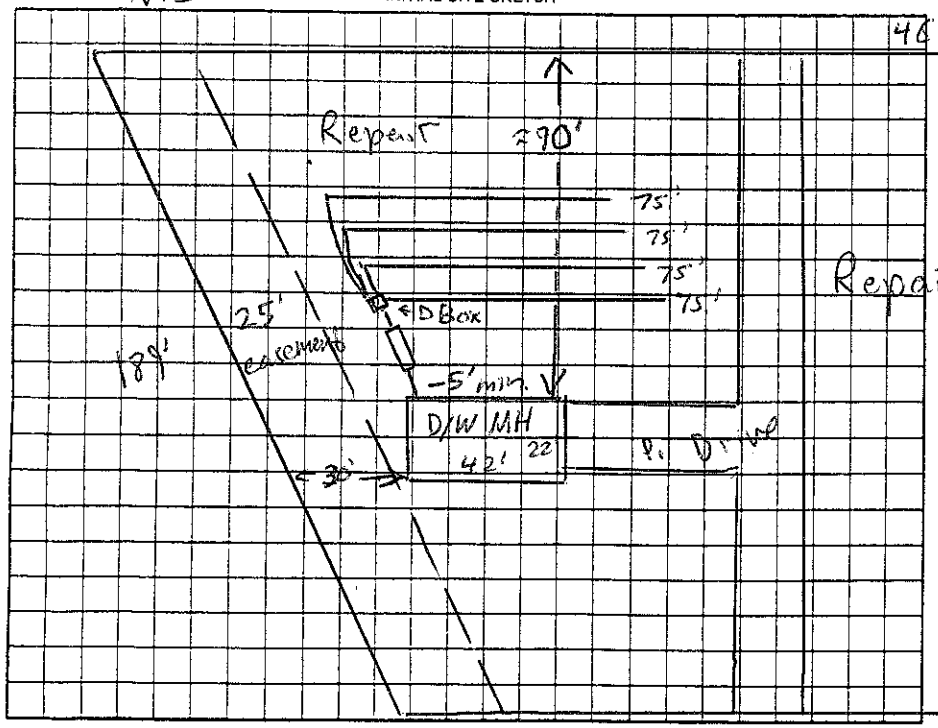
☑ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: If using equal distribution, use Dbox w/flow levelers Keep all wells 50' min from Septic system

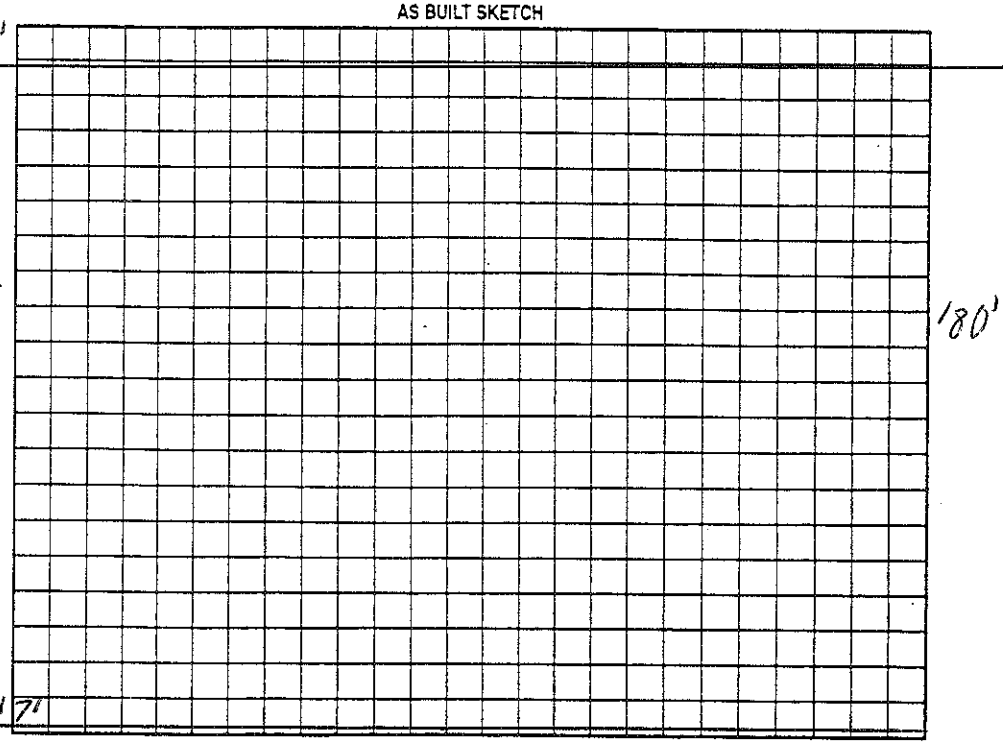
Comments/Conditions: Installed EZ Flow as Drawn

NTS

INITIAL SITE SKETCH



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: Patricia Weavel date 8-6-07

Improvement Permit by: Anthony Cohen Jr. date 8/3/07

Authorization to Construct by: Anthony Cohen Jr. date 8/3/07

Installed by: Bobby Stroupe date 8/31/07

Operation Permit by: Maria H. Cohen RS date

Existing System Inspection by: date

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