IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100325 PIN# 4701 96 6563 DATE 5/25/01

OWNER OR CONTRACTOR High Shoals Realty Inc PHONE: Business (704) 873-7700 Home —

ADDRESS 1805 Satriel Rd Statesville N.C. 28625

LOCATION Buffalo Shoals ® Gary Rock, © High Shoals at end.

SUBDIVISION Gray Rock Shoals BLOCK / SECTION — LOT 17 LOT AREA .933 Acre SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1007 Date 9-22-00
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4 Trench Width 30" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: Gravity, Conventional
Repair System Description: ~~Gravity, LPP~~ ~~50% Reduction~~
Maintenance Agreement Required: ☐ Yes ☒ No LPP
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

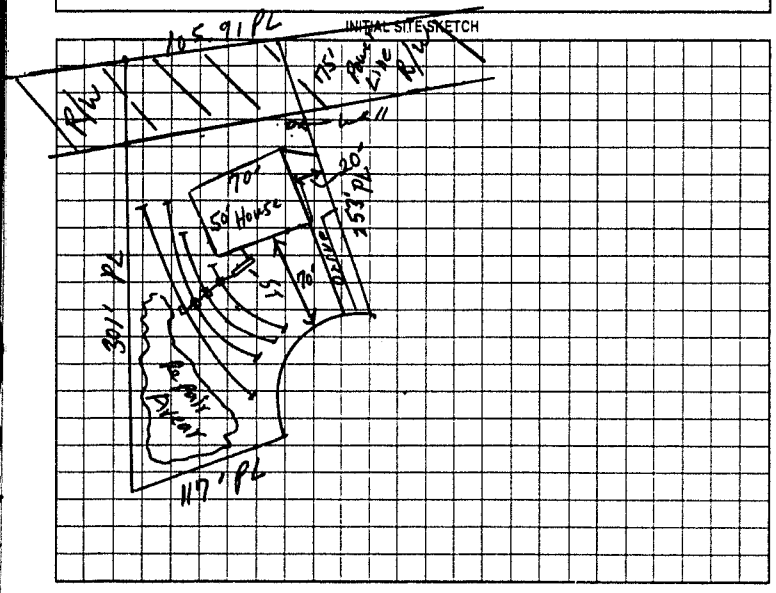
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

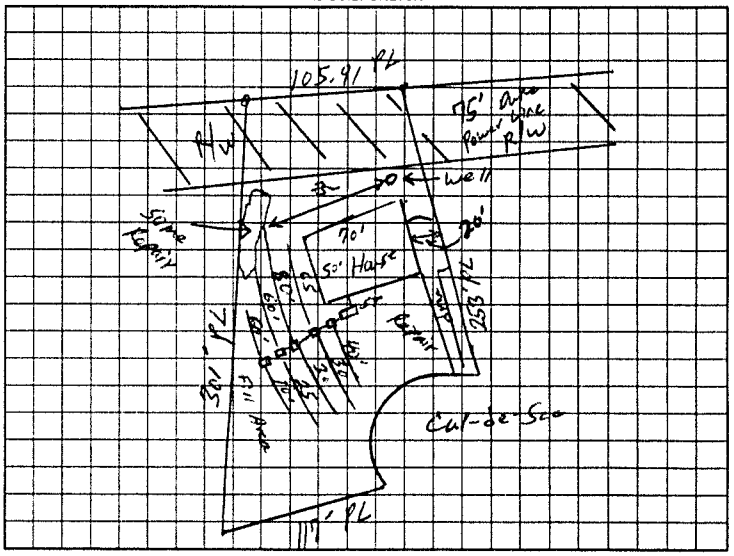
Comments/Conditions: ① Install Lines on Contour ② Keep 10 Ft from Property Lines ③ Install (4) drop boxes

Comments/Conditions: — Poly Lok Filter Installed — ST Marker Installed

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: [signature] date 5/29/01 Installed by: James Hudler

Improvement Permit by: William O. Johnson date 5/25/01 Operation Permit by: William O. Johnson date 11/27/02

Authorization to Construct by: William O. Johnson date 5/25/01 Existing System Inspection by: ____ date ____

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