This permit voids previously issued permit dated 4/6/01 CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095396 PIN# 4702-29-6306 RT 4702-28-6363 DATE 4/22/03

OWNER OR CONTRACTOR Jenkins + Williams PHONE: Business (704) 872-0922 Home —

ADDRESS P.O. Box 5877 Statesville, N.C. 28687

LOCATION Off Mtn. Rd @ Lewis Ferry Rd @ Enfola Rd @ Brock Meadows

SUBDIVISION Brockmeadows BLOCK / SECTION 4 LOT 29 LOT AREA .58 Ac SITE CLASS. 85 DESIGN FLOW 360 L.T.A.R. .35 gpd/Sqft

Septic Tank: 1,000 Gallons; STB 1007 Date 2/25/03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model Equate Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 258
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. 25% Reduction
Repair System Description: Pump 50% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

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

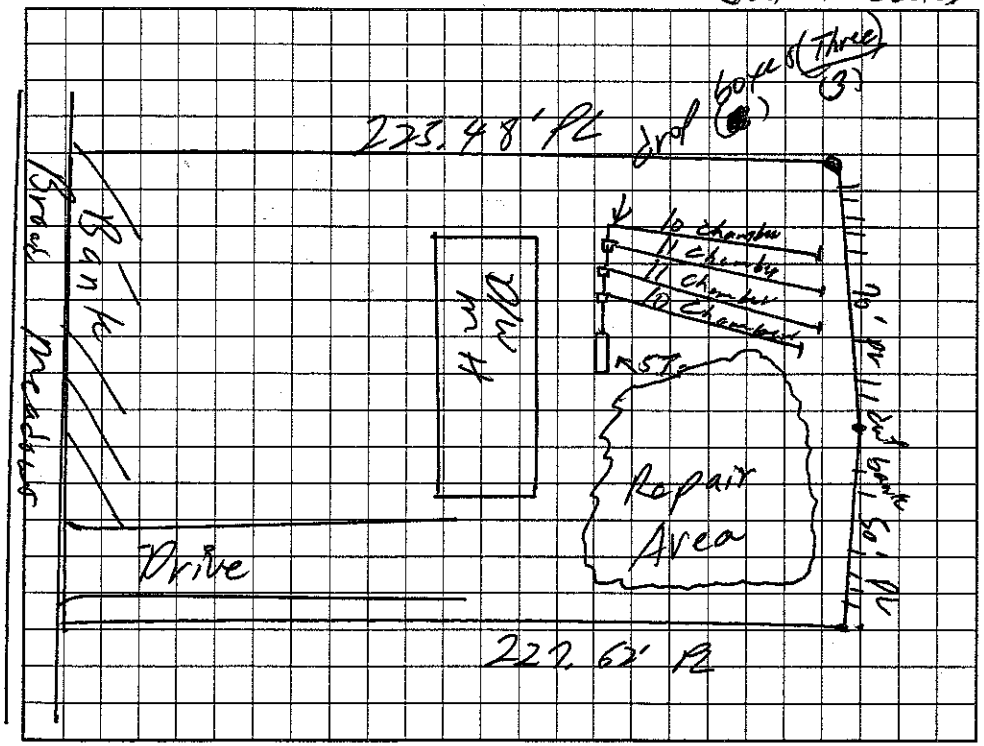
Water Supply: ☐ Individual ☒ Public ☐ Community

Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

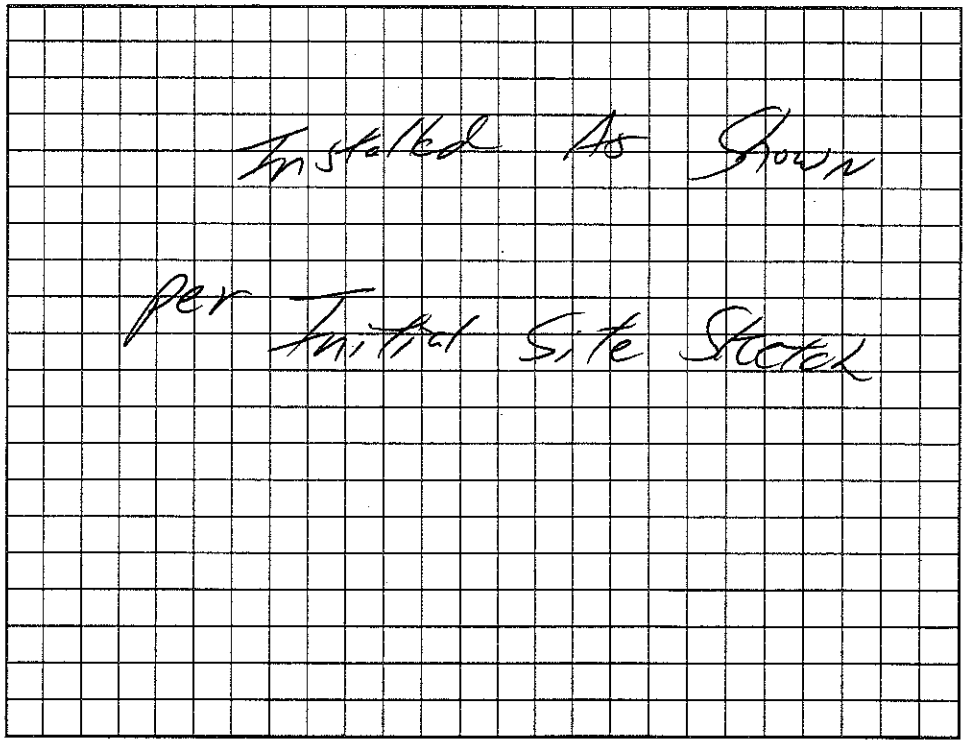
Comments:/Conditions: ① Install 25% Reduction System on Contour ② maintain proper setbacks

Comments:/Conditions: - 42 Infiltrator Chamber Installed - poly lok filter + S.T. Marker Installed

INITIAL SITE SKETCH (Not to Scale)



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 4/22/03 Installed by: Cothren + Sons (4/23/03)

Improvement Permit by: [signature] date 4/22/03 Operation Permit by: [signature] date 4/25/03

Authorization to Construct by: [signature] date 4/22/03 Existing System Inspection by: ____ date ____

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