IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105 857 PIN# 4704-02-2250 DATE 5/9/02

OWNER OR CONTRACTOR Shannon + Chris Cheshire PHONE: Business — Home (704) 873-6034

ADDRESS 138 Cullen Lane Statesville N.C. 28625

LOCATION I-40 W, (R) 06 mile RS, (L) on Island Ford, (L) on Cullen lane, 1st House on right

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 2.32 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: Existing 1,000 Gallons; STB 1012 Date 10-20-96
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____ Alarm
Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 266 + 134
No Lines 3 Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 12"

[X] New System [ ] Repair System Type: [I] II. III. IV. V. VI
System Description: Gravity, Conventional
Repair System Description: Pump, Conventional
Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____

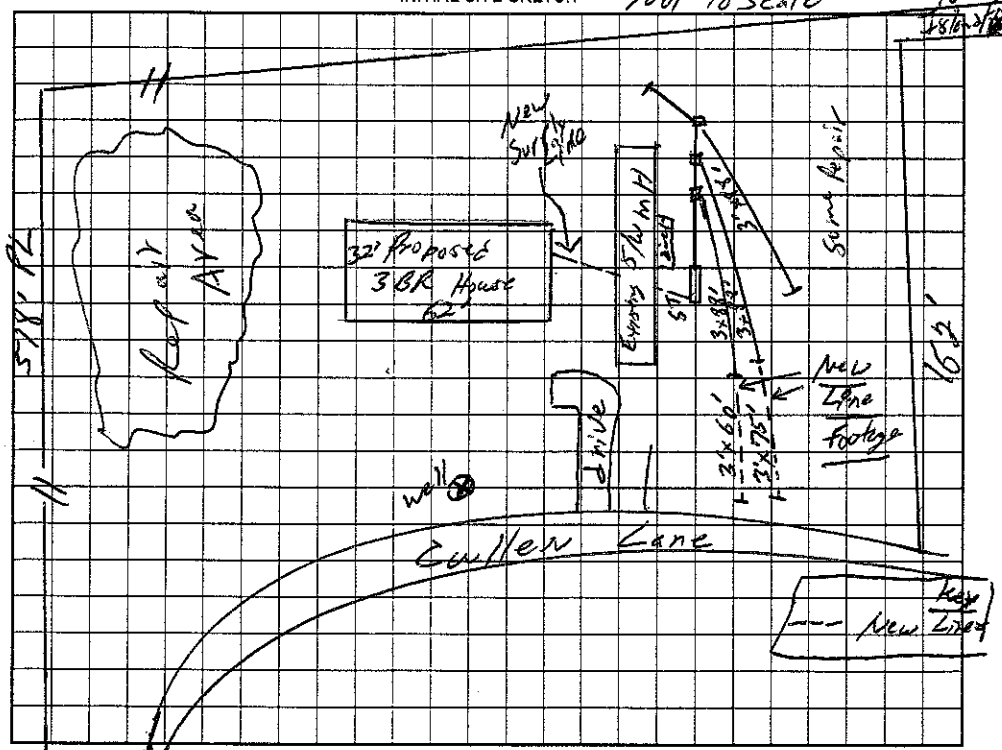
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: ① Expand system by adding 134 Ft of lines - 60 Ft in top line and 75 Ft on next line (ON Contour)
② Remove S/w Mobile Home From Septic System
(Ref: Cheshire - 3/7/02) - Initial System 2BR

Comments:/Conditions:

INITIAL SITE SKETCH Not to Scale



AS BUILT SKETCH

Installed As Shown per Initial Site 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: Shannon Cheshi date 5/9/02 Installed by: F. G. Dillard

Improvement Permit by: William O. Johnson date 5/9/02 Operation Permit by: William O. Johnson date 3-11-03

Authorization to Construct by: William O. Johnson date 5/9/02 Existing System Inspection by: _____ date _____

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