IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104529 PIN# 4705-68-4459 DATE 6/26/02

OWNER OR CONTRACTOR Gloria Wright PHONE Business — Home (704) 872-3313

ADDRESS 630 St. Andrews Rd. Statesville N.C. 28625

LOCATION Hwy 64 W. on corner of Hwy 64 and Gippard Farm Rd.

SUBDIVISION Stevenson BLOCK / SECTION — LOT 5-58 LOT AREA .55 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 1007 Date 6-7-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 6@50' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth —

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Gravity 50% Reduction
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

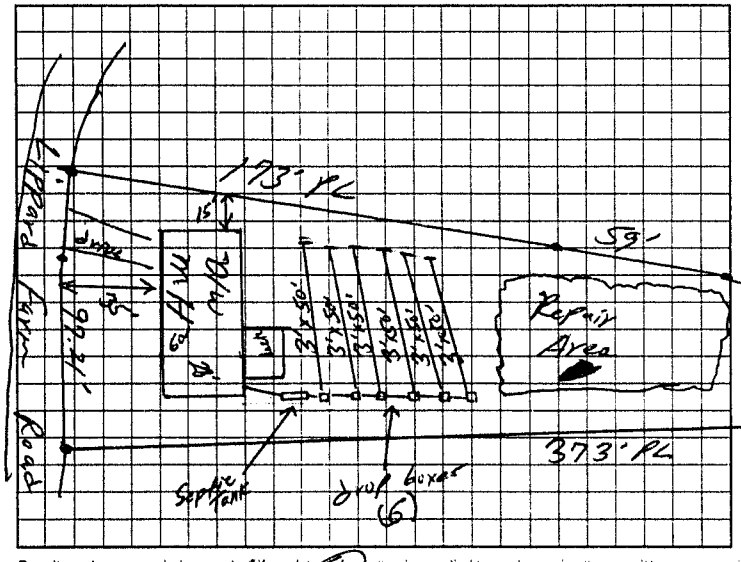
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

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

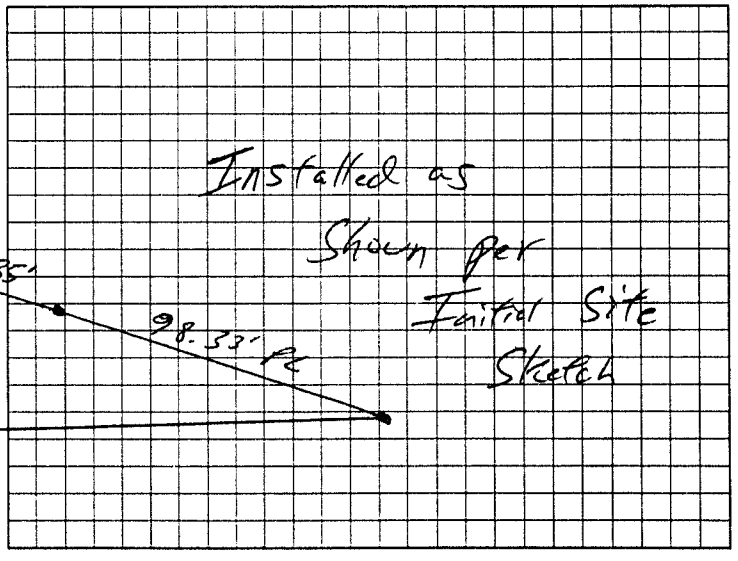
Comments/Conditions: ① Install lines on contour ② maintain proper setbacks

Comments/Conditions: — poly 1000 gal Septic Tank marker Installed. — Bio Outflower Chamber 48" 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 6/26/02 Installed by Scott Green

Improvement Permit by: William O. Johnson date 6/26/02 Operation Permit by: William O. Johnson date 7/25/02

Authorization to Construct by: William O. Johnson date 6/26/02 Existing System Inspection by: ____ date ____

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