I - posted w/of 9/12/01

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101984 PIN# 4705-86-8304.1 DATE 09/12/01

OWNER OR CONTRACTOR Vanderbilt West PHONE: Business (704) 528-3320 Home —

ADDRESS 894 S. Main Street Troutman, N.C.

LOCATION Hwy 64 W. (L) Lippard Farm Rd. (L) on Stones Edge (L) on Gemstone (lot on left - corner lot)

SUBDIVISION Stones Edge BLOCK / SECTION — LOT 1 LOT AREA .729 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1,000 Gallons; STB 6-1012 Date 6-19-01
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model equilvalent Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300'
No Lines 4 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: Pump, 50% Reduction
Maintenance Agreement Required: ☐ Yes X No

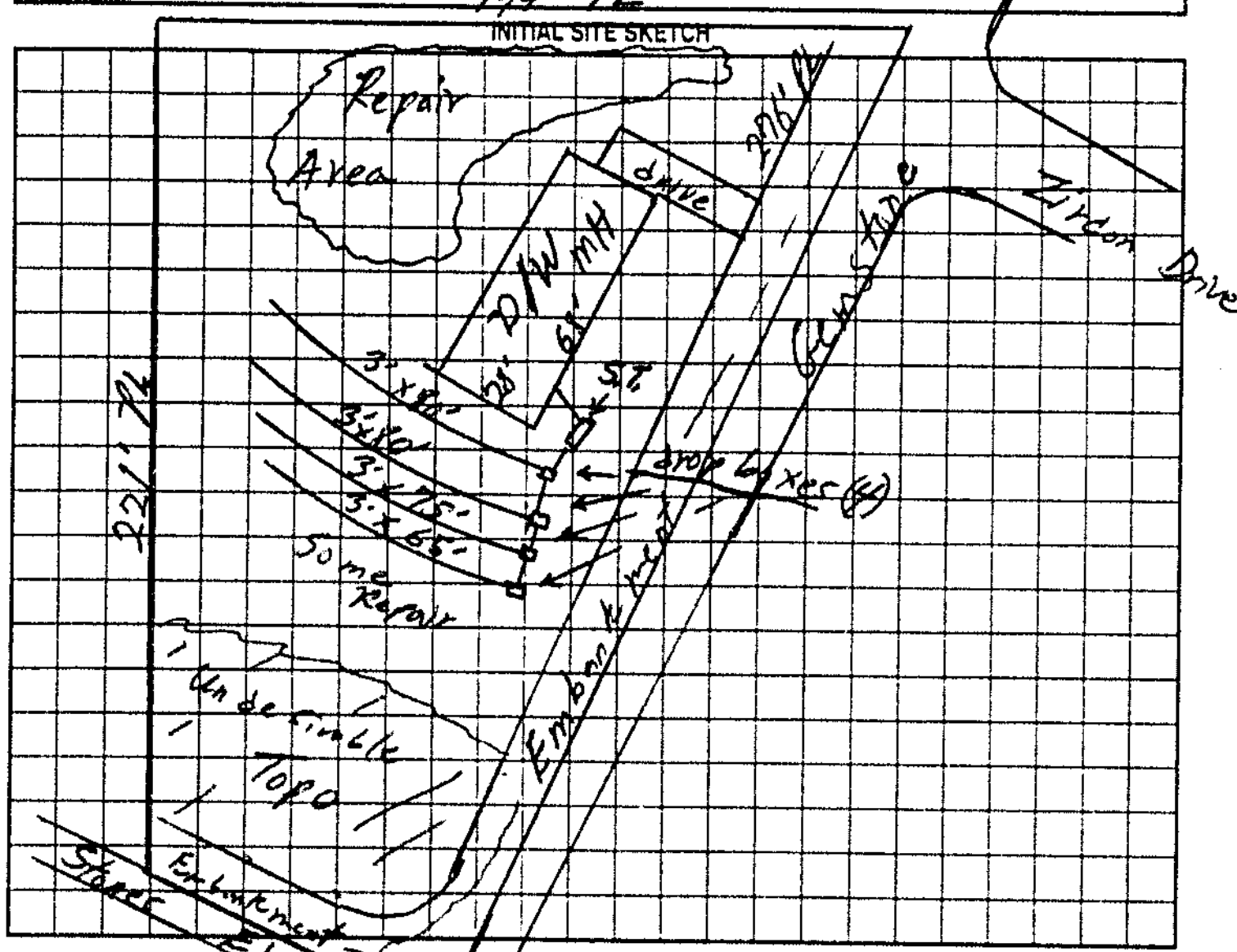
X House/Mod. Home No. Bedrooms 3
X Mobile Home No. Bathrooms 2
☐ Business No. Employees ______
☐ Other

☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

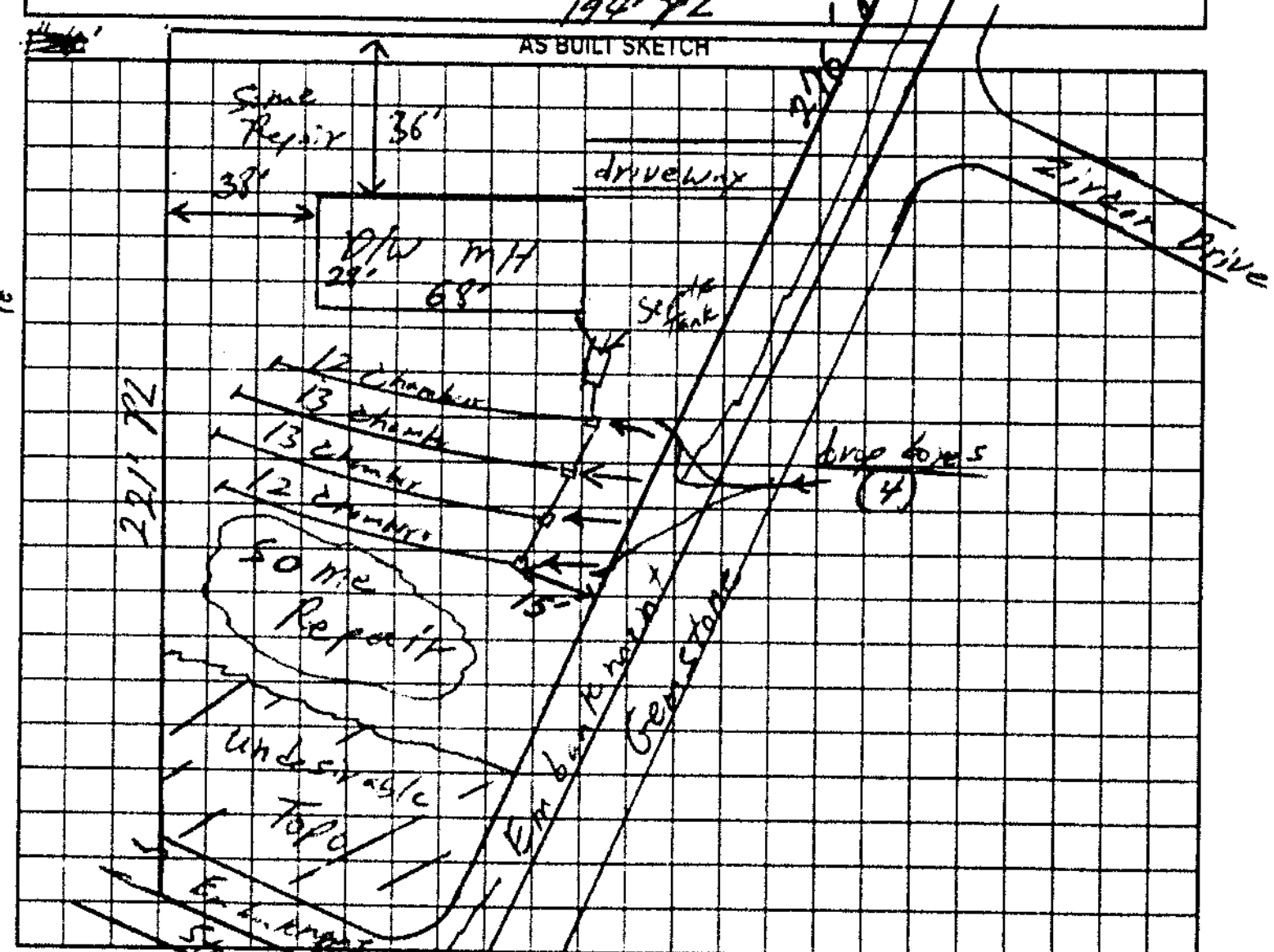
Comments:/Conditions: (1) Install on contour (2) Install 25% Reduction System of 30-10ft ARES Sections or 50 Chambers (3) Keep 15ft off Top of Embankment

INITIAL SITE SKETCH



Comments:/Conditions— Infiltrator Chambers (50) Installed
- Polylok filter Installed
- Installed Septic Tank marker

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 9-12-01 Installed by: A-1 Backhoe

Improvement Permit by: William O. Johnson date 9/12/01 Operation Permit by William O. Johnson date 9/12/01

Authorization to Construct by: William O. Johnson date 9/12/01 Existing System Inspection by: ______ date ______

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