This permit voids previously issued permit dated 10-10-00.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (I) MOORESVILLE 704-664-5281

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

PERMIT# 091584 PIN# 4705-97-6944 DATE 8-19-04

OWNER OR CONTRACTOR Allied Partners LLC PHONE: Business (704) 876-8600 Home —

ADDRESS 3/0 Tree Park Rd Statesville, N.C. 28625

LOCATION Hwy 90 West, (L) on Village Point Drive, 5th lot on left past Church driveway

SUBDIVISION Village Point BLOCK / SECTION — LOT 5 LOT AREA .574 Ac. SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .35-.4

Septic Tank: 4000 Gallons; STB 760 Date 5-02-04
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model Eq to Serial No. —
Nitrification Field: No Fields 1 Square Feet 1372 Linear Feet 350
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

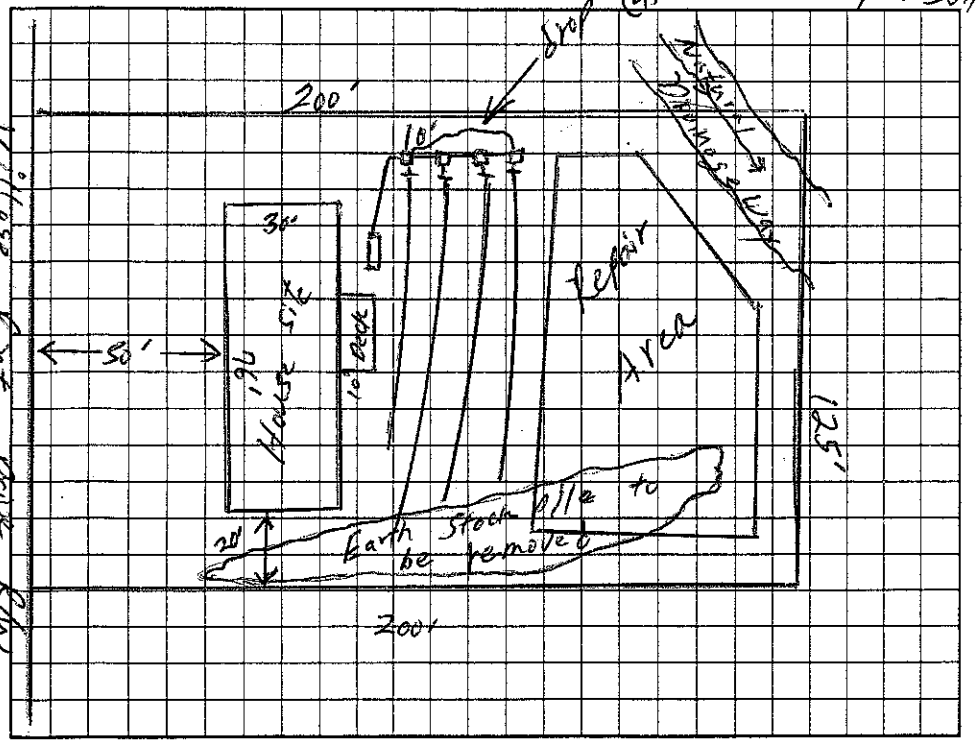
☐ House/Mod. Home No. Bedrooms 4
☒ Mobile Home No. Bathrooms —
☐ Business No. Employees —
☐ Other —
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Earth Stockpile to be removed before Septic System installed.

Comments:/Conditions: POLYLOK FILTER & MARKER
INSTALLED AS DRAWN
SYSTEM INSTALLED 5' + OFF MOBILE HOME P/L &
INSTALLER SHOWED MR.

INITIAL SITE SKETCH 1"=50ft



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 8-19-04 Installed by: ABEL GRADING

Improvement Permit by: William O. Johnson date 8-19-04 Operation Permit by: [signature] date 9-21-04

Authorization to Construct by: William O. Johnson date 8-19-04 Existing System Inspection by: — date —

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