IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104192 PIN# 4705-98-3807

OWNER OR CONTRACTOR Allied Partners PHONE Business (704) 871-1536 Home — DATE 5/21/02

ADDRESS 319 Treebark Rd Statesville NC 28625

LOCATION Hwy 90 W to Left on Village Point at end turn Right on Right Side of Cul-de-Sac

SUBDIVISION Village Point BLOCK / SECTION — LOT 17 LOT AREA .53 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 4,000 Gallons; STB 1012 Date 1-22-02
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No —
Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System Repair System Type: Conventional
System Description: Gravity Conventional
Repair System Description: Pump, Gravity 25% Red
Maintenance Agreement Required: Yes X No

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

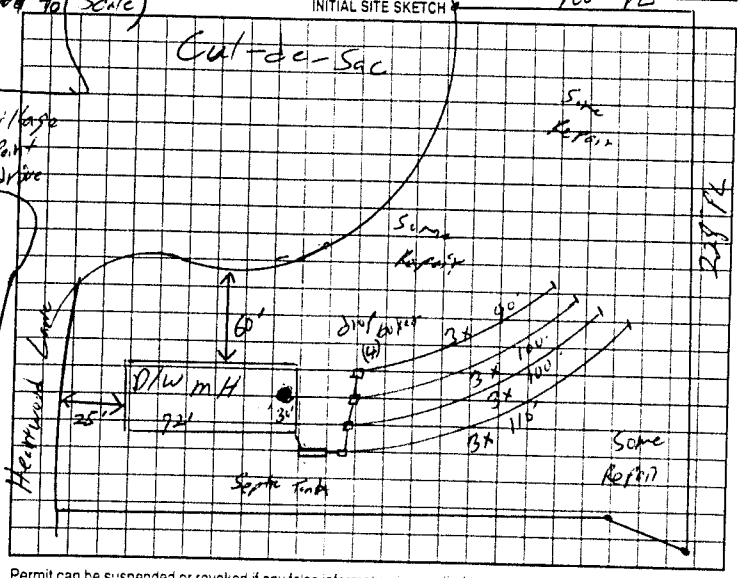
Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions:
1) Install on contour

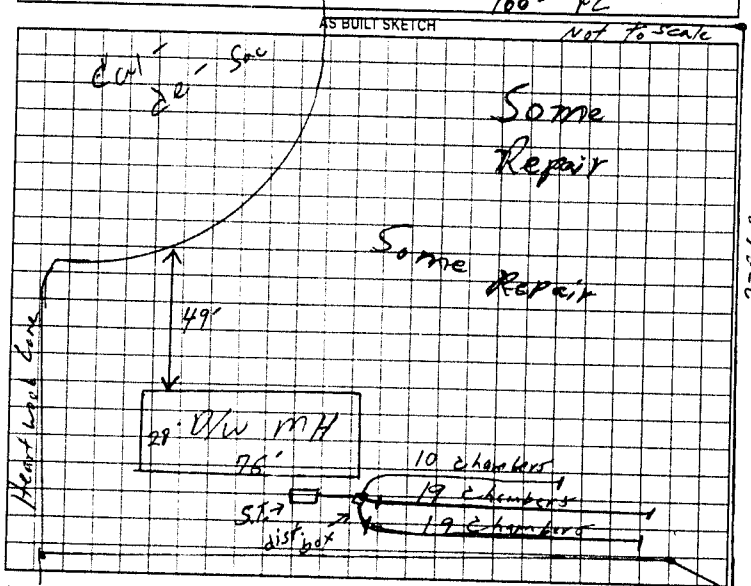
Comments/Conditions
1 - Poly Lok Filter Installed
- Septic Tank marker Installed

(Not to Scale)

INITIAL SITE SKETCH



AS BUILT SKETCH Not to scale



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: Steve Bare date 5-28-02 installed by A-1 Backhoe

Improvement Permit by: William O. Johnson date 5/21/02 Operation Permit by William O. Johnson date 5/21/02

Authorization to Construct by: William O. Johnson date 5/28/02 Existing System Inspection by: — date —

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