IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104366 PIN# 4706-94-8165 DATE 6/12/02

OWNER OR CONTRACTOR James Hendricks PHONE: Business — Home (704) 878-9964

ADDRESS 130 Mobeal Lane Statesville N.C. 28677

LOCATION 115 N. @ Scotts Creek Rd, @ Bella Drive, (L) on Mobeal 3rd on right

SUBDIVISION Larkin Sloan Estates LOT / SECTION — LOT 22 LOT AREA 1.08 ac SITE CLASS 5 DESIGN FLOW 360 L.T.A.R. .30 sqft x 2

Septic Tank: 1,000 Gallons; STB 794 Date 3-8-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 480
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

[X] New System [ ] Repair System Type: [ ] I [ ] II [ ] III [ ] IV [ ] V [ ] VI
System Description: Conventional, Gravity
Repair System Description: 25% Reduction, Gravity
Maintenance Agreement Required: [ ] Yes [X] No

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

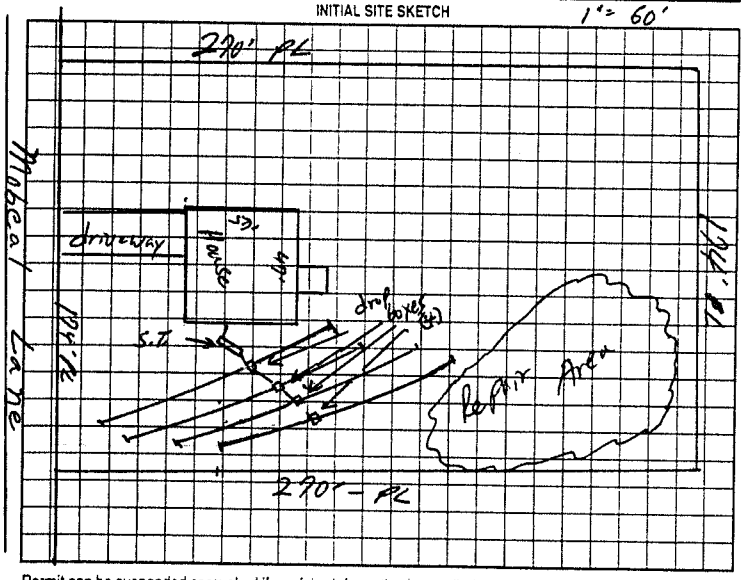
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions:

Comments:/Conditions: S.T. Risers Installed
-Zabel Filter Installed.

INITIAL SITE SKETCH 1" = 60'



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: Meredith Hendricks date 6/18/02 Installed by: F. J. Ervin

Improvement Permit by: William O. Johnson date 6/12/02 Operation Permit by: William O. Johnson date 8/12/02

Authorization to Construct by: William O. Johnson date 6/12/02 Existing System Inspection by: ____ date ____

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