IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101142 PIN# 4710 58 0256 DATE 7/17/01

OWNER OR CONTRACTOR Christopher S. Brown PHONE Business Home 704-658-0373

ADDRESS 112 Great Lakes Rd Apt. A Mooresville NC 28117

LOCATION OMR, TR Buffalo Shoals, TL Laurel Cove on Lt near End.

SUBDIVISION Laurel Cove BLOCK / SECTION LOT 26 LOT AREA 0.472 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons STB 794 Date 9/19/01
Pump Tank: Gallons PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200
No Lines 6@35' Trench Width 24" Max Trench Bottom Depth 36"

X New System Repair System Type I II III IV V VI
System Description: Gravity Panel
Repair System Description: No repair ISANCA(1)a
Maintenance Agreement Required Yes X No .1945(c)

X House/Mod Home No Bedrooms 3
Mobile Home No Bathrooms 2.5
Business No Employees
Other
Gravel Depth — Slab Crawl Space X Basement w/plumbing Basement wo/plumbing

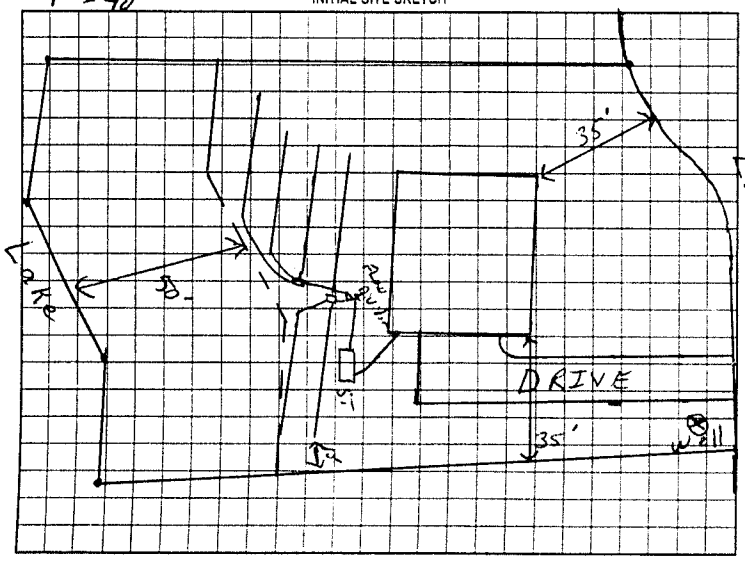
Water Supply: X Individual Public Community

Comments/Conditions: Install lines on Contour - Keep Well 100' from septic System - Panels may be installed in a 36" wide trench, 9" on center (installer option)

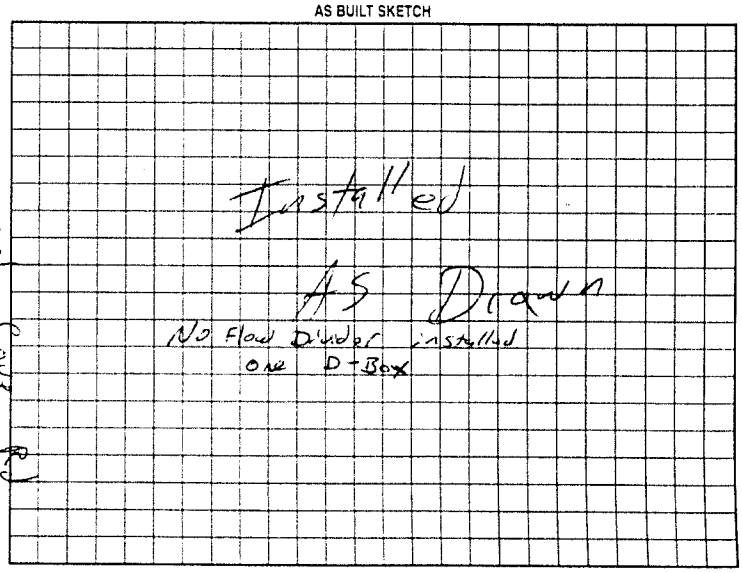
Comments/Conditions

1" = 40'

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: Christopher Scott Brown date

Installed by: Owner

Improvement Permit by: [signature] RSI date 7/17/01

Operation Permit by: [signature] RS date 4/30/02

Authorization to Construct by: [signature] RSI date 7/17/01

Existing System Inspection by: date

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