*THIS PERMIT VOIDS PREVIOUSLY ISSUED PERMIT ON PROPERTY ON 11/15/01

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~10899513656~~4 PIN# 4710-59-3493 DATE 10/25/02

OWNER OR CONTRACTOR ~~ALLEN ACKERMAN~~ Steve Corsey PHONE: Business ~~704-987-1673~~ Home ~~704-309-1268~~ 704-449-1977

ADDRESS ~~17810-H HALF MOON LN CORNELIUS, NC 28031~~ 2616 Unharrie Rd. Hickory 28602 ~~980-721-0816~~ 345263

LOCATION BUFFALO SHOALS RD., (L) LAUREL COVE RD., (L) ISLAND TERRACE PROPERTY ON RIGHT.

SUBDIVISION River Hills Est. BLOCK / SECTION — LOT ~~39~~ LOT AREA 3.28 ACRES SITE CLASS Ps DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 1012 Date 9-29-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 300
No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, LOW PRESSURE
Maintenance Agreement Required: ☐ Yes X No

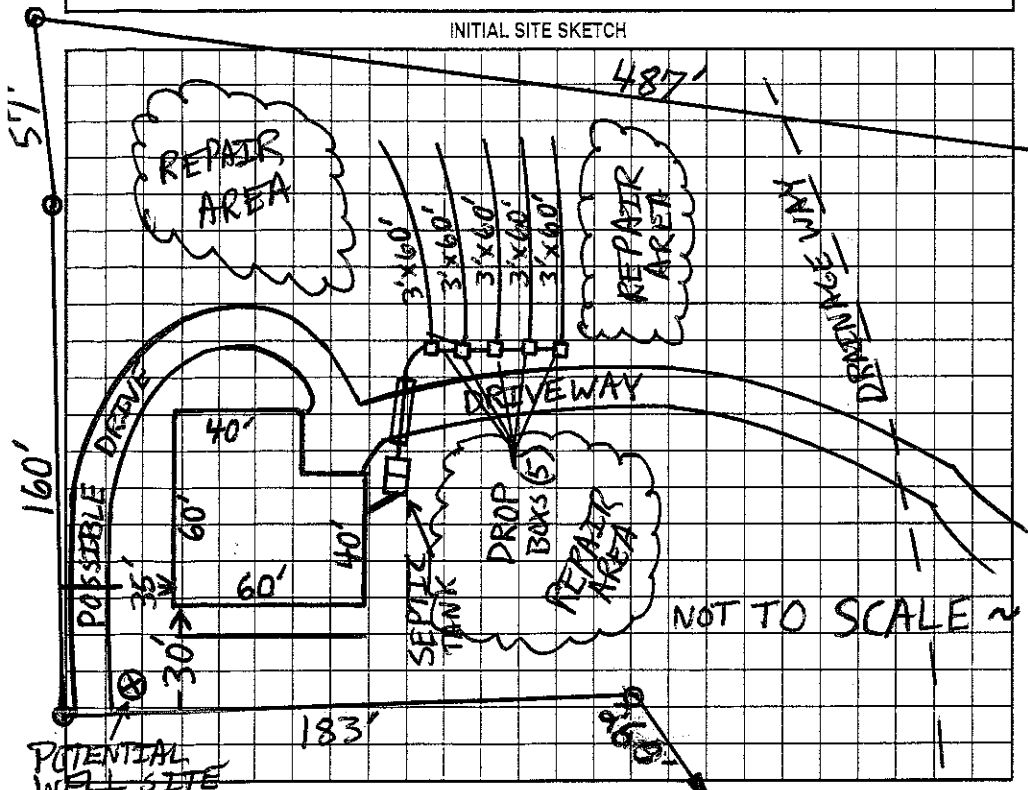
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
X Business No. Employees _____
X Other Business w/ Apartment above
X Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community
WELL

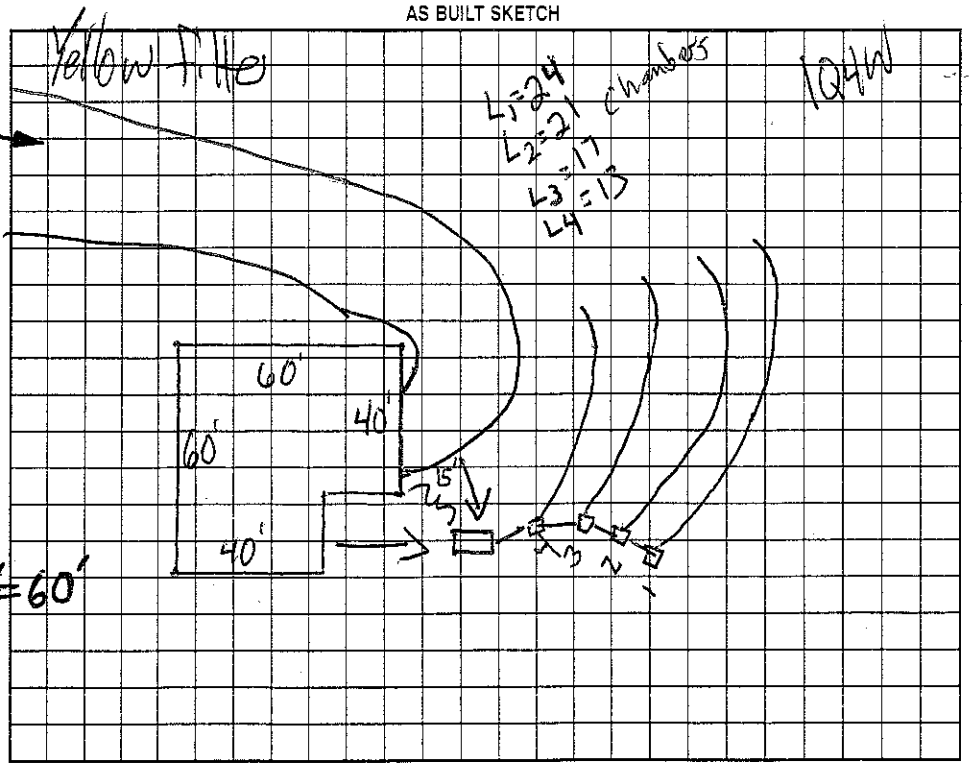
Comments/Conditions: (1) CALL AFTER CLEARING IF REFLAGGING IS NEEDED. (2) INSTALL LINES ON CONTOUR & MAINTAIN ALL SETBACKS (3) WELL MUST BE 100' FROM SYSTEM (15A NCAC 18A.1952(6)(a))

Comments/Conditions: (4) WHERE SUPPLY LINE GOES UNDER DRIVE IT MUST BE ENCASED IN DUCTILE IRON PIPE OR EQUIVALENT

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: _____ date 11-5-02 Installed by: Tommy Fry

Improvement Permit by: Patrick Mitchell date 10/25/02 Operation Permit by: _____ date 12-11-06

Authorization to Construct by: Patrick Mitchell date 10/25/02 Existing System Inspection by: _____ date _____

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