IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118434 PIN# 4711-46-0066 DATE 2/18/04

OWNER OR CONTRACTOR D40 Enterprise of Iredell LLC PHONE: Business — Home (704) 528-6192

ADDRESS P.O. Box 5602 Statesville, N.C. 28687

LOCATION Buffalo Shoals Rd (L) Laurel Cove Rd, 3rd driveway on right

SUBDIVISION Twelve Oaks BLOCK / SECTION — LOT 8 LOT AREA .53 Ac. SITE CLASS. P5 DESIGN FLOW 240 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1012 Date 3-17-95

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: Gilmore Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 280

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: Conv. Gravity

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

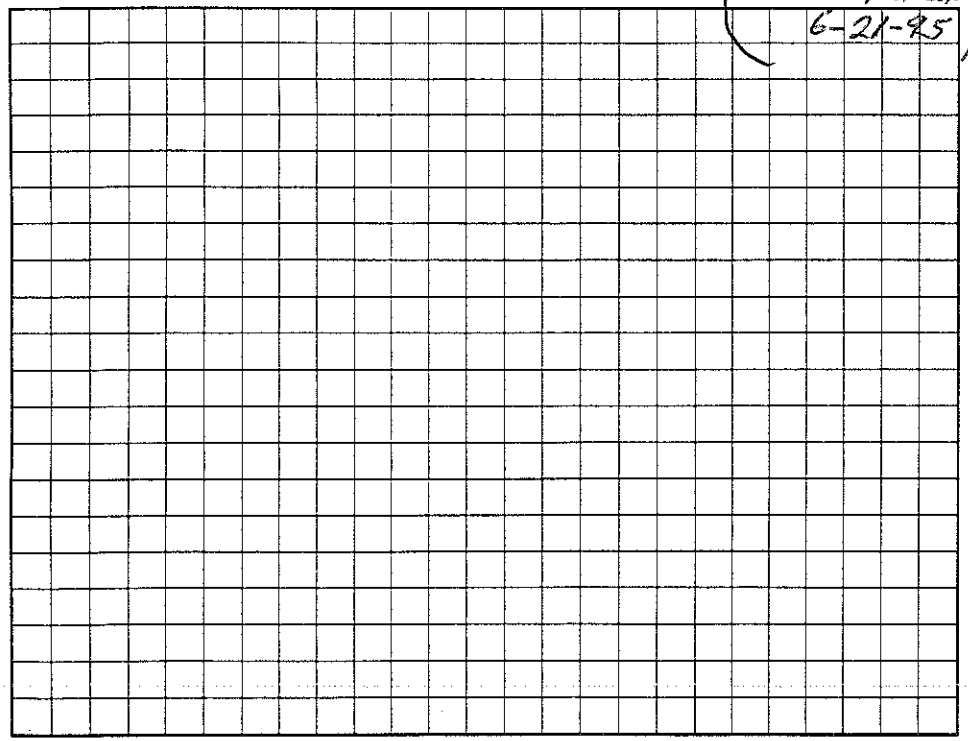
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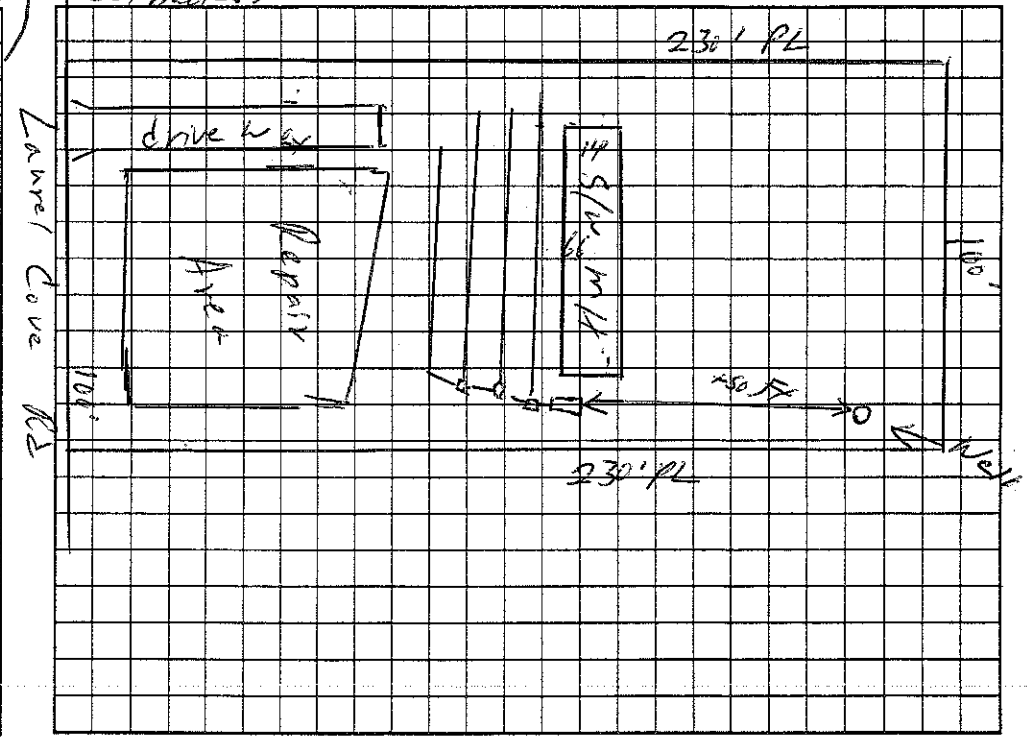
1. Keep MH 5ft from ST + Septic Lines
2. Septic System appears to be Functioning Okay at time of inspection.
3. Do not drive over Septic lines 4. Maintain proper Set backs.

Refft Chris Davidson 6-21-95

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 ____ Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: William J. Johnson date 2/18/04

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