owe $125.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100927 PIN# 4711-66-4611 (704) 363-2634 mobile DATE 10/22/01

OWNER OR CONTRACTOR D70 Enterprises PHONE: Business (704) 528-6192 Home 704 528-5808

ADDRESS P.O. Box 252 Troutman N.C. 28166

LOCATION Buffalo Shoals Rd (R) on Pineville Rd (R) Brixton, on Right

SUBDIVISION Pineville Rd Estates BLOCK / SECTION — LOT 3 LOT AREA .7 Ac. SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. -3

Septic Tank: 4,000 Gallons: STB 794 Date 3-03-02

Pump Tank: — Gallons: PT — Date —

Pump Make: — Model equivalent to Serial No —

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth —

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity, 25% Reduction

Repair System Description: Pump, 50% Reduction

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

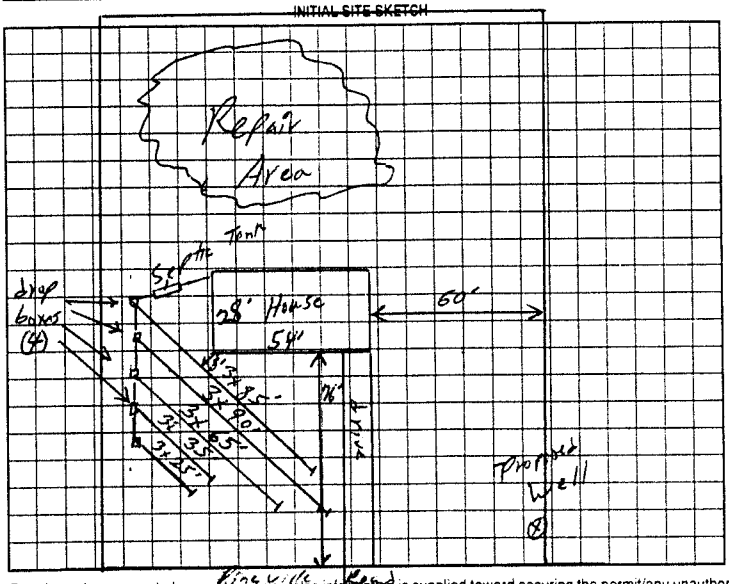
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

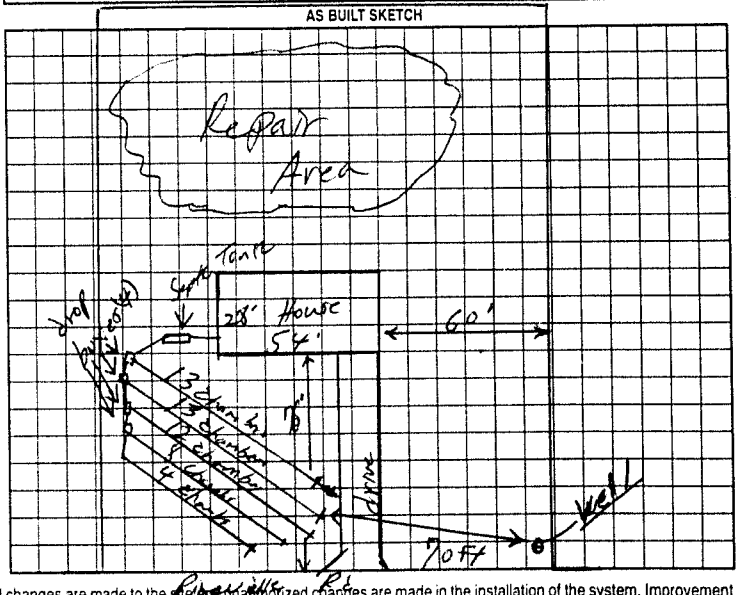
Comments/Conditions: ① Install 25% Reduction System of 50 chambers or 30 - 10ft HI/ES sections Keep well min 75' from septic system.

Comments/Conditions: Installed 50 Infiltrator Chambers - 5T. Risers Installed

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: Mark D Anderson date 11-13-01 Installed by: Lance Lingle

Improvement Permit by: William O Johnson date 10/22/01 Operation Permit by: William O Johnson date 4/19/02

Authorization to Construct by: William O Johnson date 10/22/01 Existing System Inspection by: — date —

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