* This permit voids previously issued permit dated 2/12/01,

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094121 PIN# 4714 80 80 46 DATE 2/26/01

OWNER OR CONTRACTOR Building Systems Inc. PHONE: Business (828) 327-6677 Home —

ADDRESS P.O. Box 3409 Hickory, NC 28603

LOCATION Hwy 70 W, @ Airport Rd., @ Aviation Dr. on Left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 3.56 Ac. SITE CLASS PS DESIGN FLOW 875 gpd L.T.A.R. .3

Septic Tank: 1525 Gallons; STB 268 Date 3-22-01
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 2,917 Linear Feet 553
No Lines 6 @ 122 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth —

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Gravity, 25% Reduction
Maintenance Agreement Required: [ ] Yes [X] No
[X] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

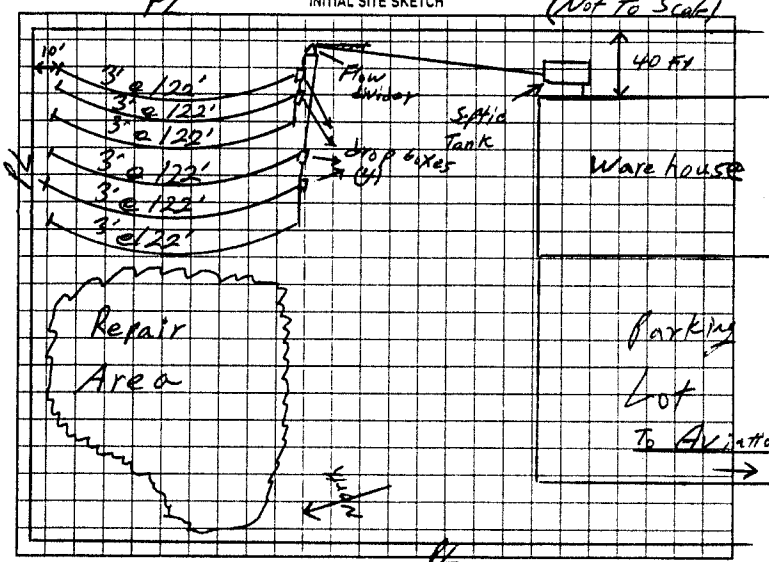
[ ] House/Mod. Home No. Bedrooms —
[ ] Mobile Home No. Bathrooms —
[X] Business No. Employees 35
[ ] Other —

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

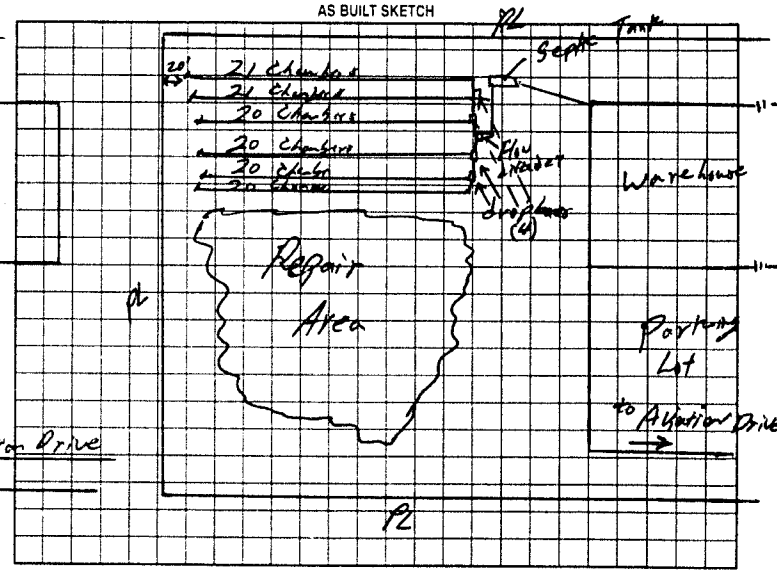
Comments/Conditions: ① Do not install when wet ② Install lines on contour ③ Install one (1) Flow divider with (4) drop boxes ④ Install 122 chambers or 84 LDES sections for 732 linear feet ⑤ Remove Farm Terraces prior to Installation of Septic System

Comments/Conditions: Installed Septic Tank, marker, Installed 122 Bio Diffuser Chambers with Sand

INITIAL SITE SKETCH (Not to Scale)



AS BUILT SKETCH Not to Scale



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: [signature] date 4/16/01 Installed by: Foothills Plumbing Co

Improvement Permit by: William O. Johnson RSI date 2/26/01 Operation Permit by: William O. Johnson date 7/18/01

Authorization to Construct by: William O. Johnson date 2/26/01 Existing System Inspection by: — date —

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