IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104204 PIN# 4715-08-0311 DATE 10/28/02

OWNER OR CONTRACTOR Allied Partners LLC PHONE: Business (704) 871-1536 Home —

ADDRESS 3/0 Tree bark Road Statesville N.C. 28625

LOCATION Hwy 90 West @ Village Point Drive, (R) on Heartwood Lane, 1st Lot on Right

SUBDIVISION Village Point BLOCK / SECTION — LOT 24 LOT AREA .29 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 sq ft

Septic Tank: 1,000 Gallons; STB 1794 Date 2-12-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 400'

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: Gravity / Conventional

Repair System Description: Pump 25% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ___

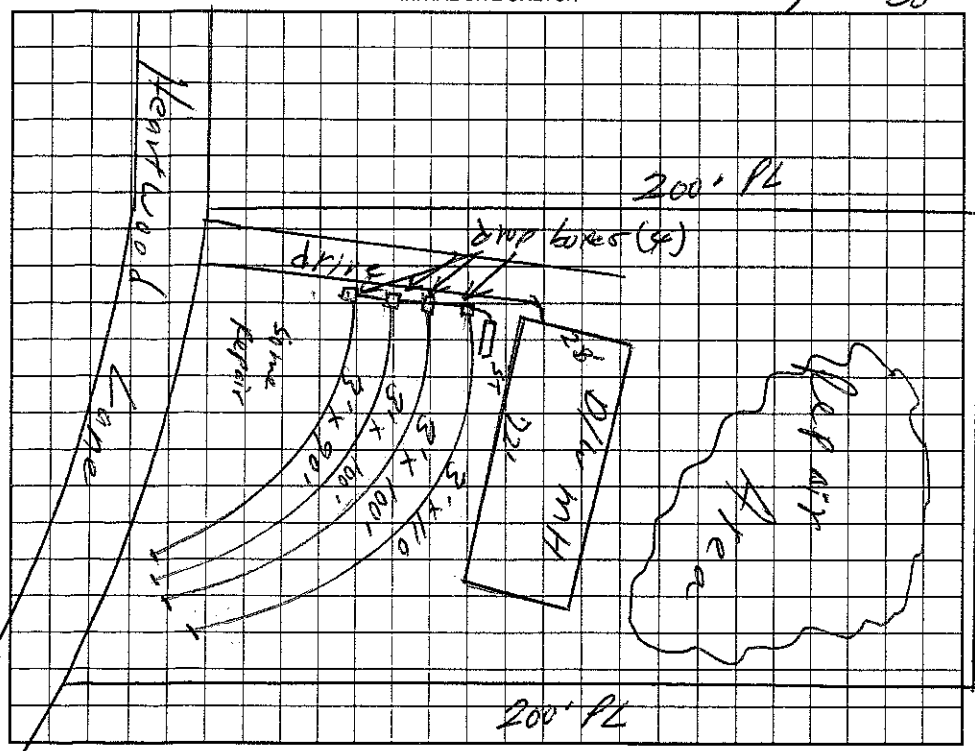
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

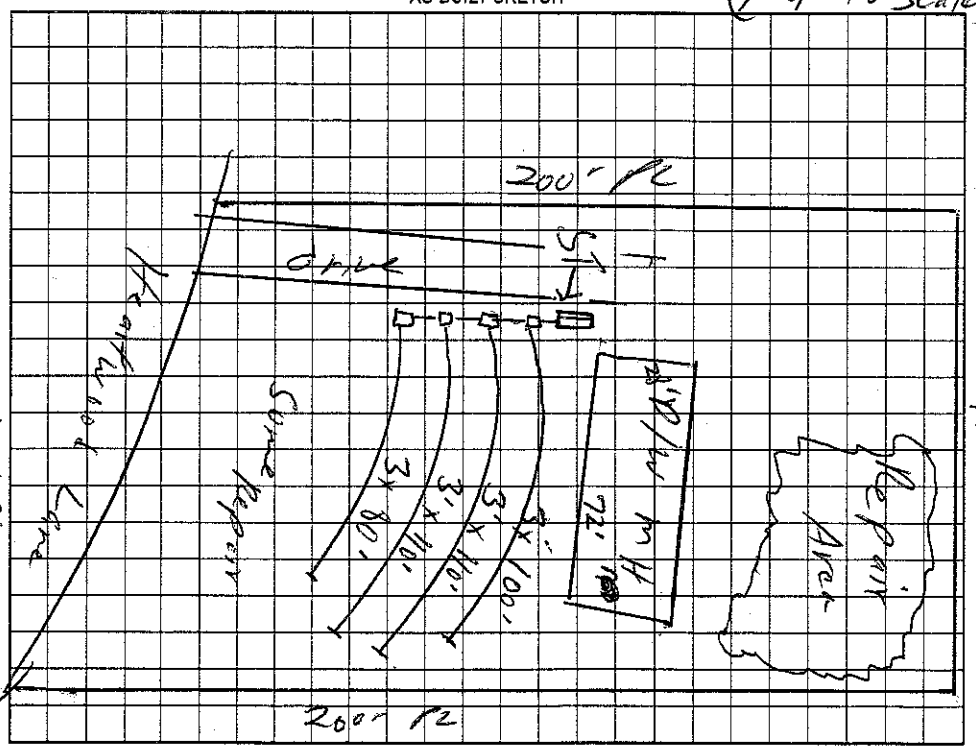
Comments:/Conditions: ① Install Lines on Contour ② Maintain proper Setbacks

Comments:/Conditions: - Label Filter + ST Marker Installed

INITIAL SITE SKETCH 1" = 50'



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: _____ date _____

Improvement Permit by: William O. Johnson date 10/28/02

Authorization to Construct by: William O. Johnson date 10/28/02

Installed by: Andy Daniels

Operation Permit by: William O. Johnson date 4/24/03

Existing System Inspection by: _____ date _____

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