IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104201 PIN# 4715-08-3274 DATE 8/16/02

OWNER OR CONTRACTOR Allied Partners LLC PHONE: Business (704) 871-1336 8768600 Home —

ADDRESS 310 Treebark Road Statesville N.C. 28625

LOCATION Hwy 90 (2) on Village Point Drive, on Right

SUBDIVISION Village Point BLOCK / SECTION ____ LOT 26 LOT AREA .73 Ac SITE CLASS. 85 DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 012-1000 Date 9-1-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. 300

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No. Lines 3 @ 100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I II III 1258 RED

System Description: Gravity, Conventional

Repair System Description: Pump - LP

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

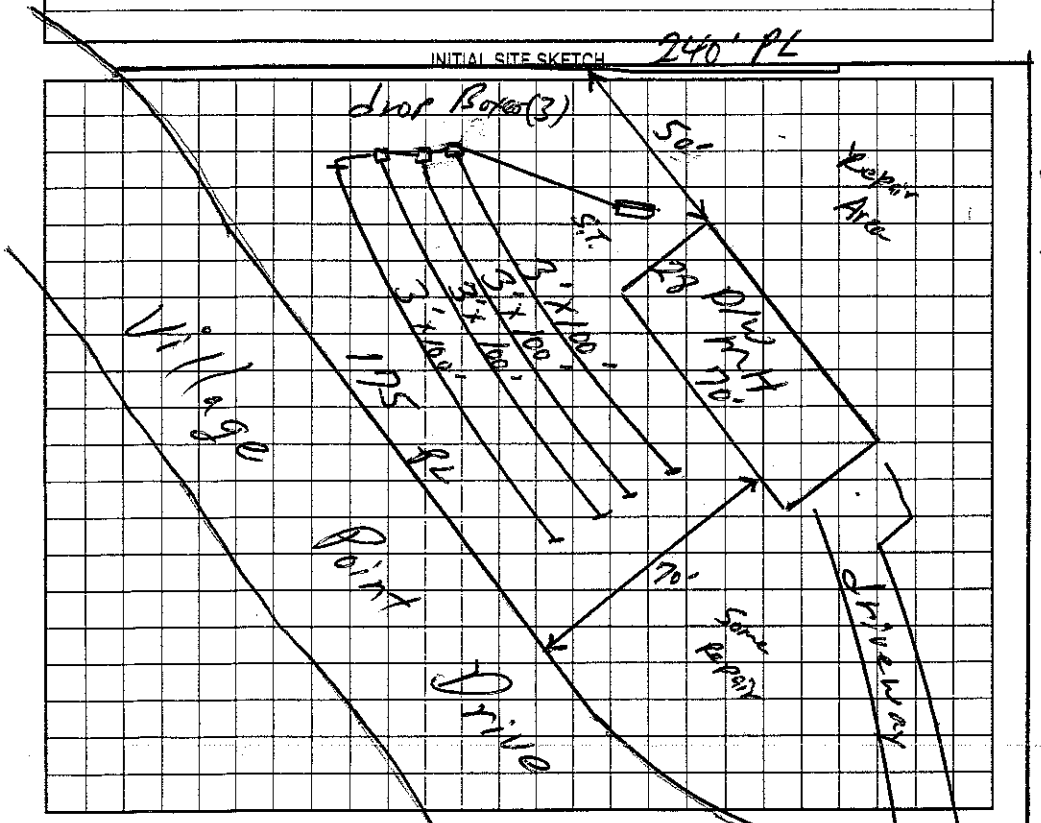
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

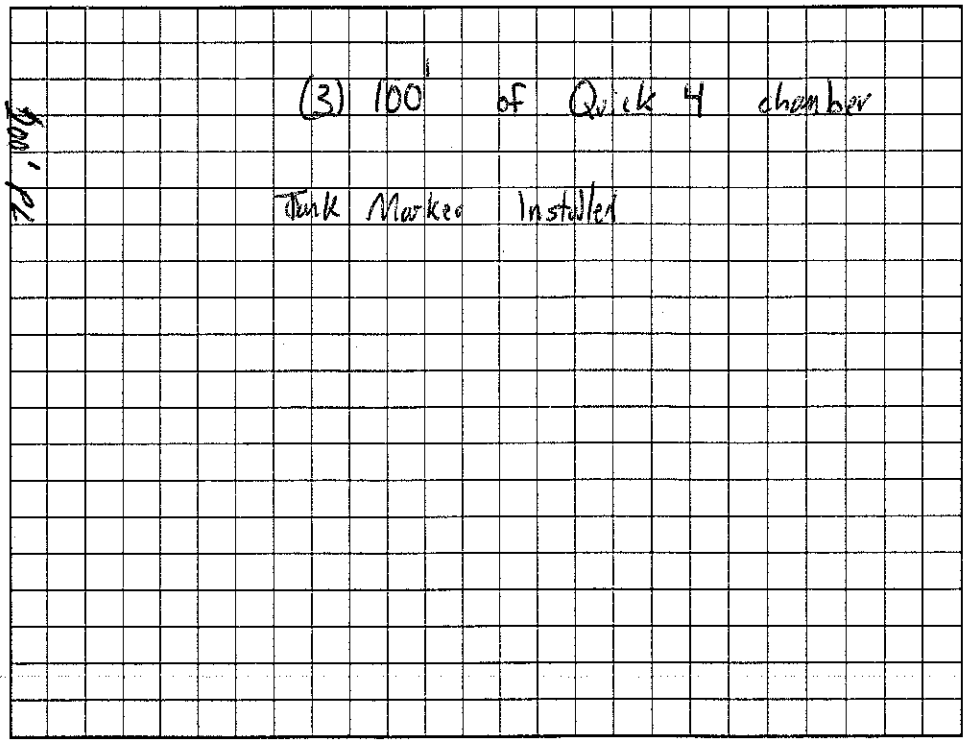
Comments:/Conditions: ① Install lines on Contour

Comments:/Conditions: Yellow Filter

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: Dennis Gallaher date ____ Installed by: Dennis Gallaher

Improvement Permit by: William O. Johnson date 8/16/02 Operation Permit by: James Klein date 10-12-05

Authorization to Construct by: William O. Johnson date 8/16/02 Existing System Inspection by: ____ date ____

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