IREDELL COUNTY HEALTH DEPARTMENT

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

This permit voids previously issued permit dated 9/18/02.

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

PERMIT# 104205 PIN# 4715-08-7612 DATE 1/9/04

OWNER OR CONTRACTOR Allied Partners PHONE: Business (704) 876-8600 Home —

ADDRESS 310 Tree Park Rd Statesville N.C. 28625

LOCATION Hwy 90 W @ Village Point, Lot on right, Corner of Village Point + Hwy 90

SUBDIVISION Village Point BLOCK / SECTION — LOT 30 LOT AREA 0.93 Acres SITE CLASS. 05 DESIGN FLOW 480 L.T.A.R. 0.30

Septic Tank: 4000 Gallons; STB 1012 Date 7-28-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet Eav. to 1600 Linear Feet 400

No Lines 4@10' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity, 25% Reduction

Repair System Description: Pump, Gravity, 25% Reduction

Maintenance Agreement Required: [ ] Yes [X] No

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

No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

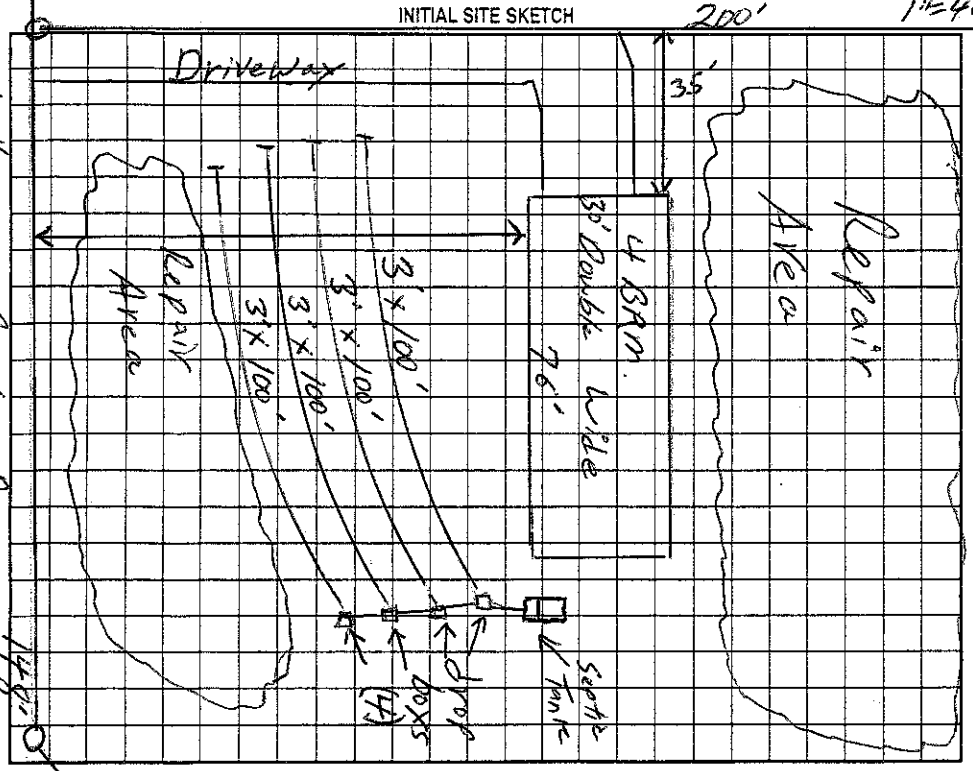
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

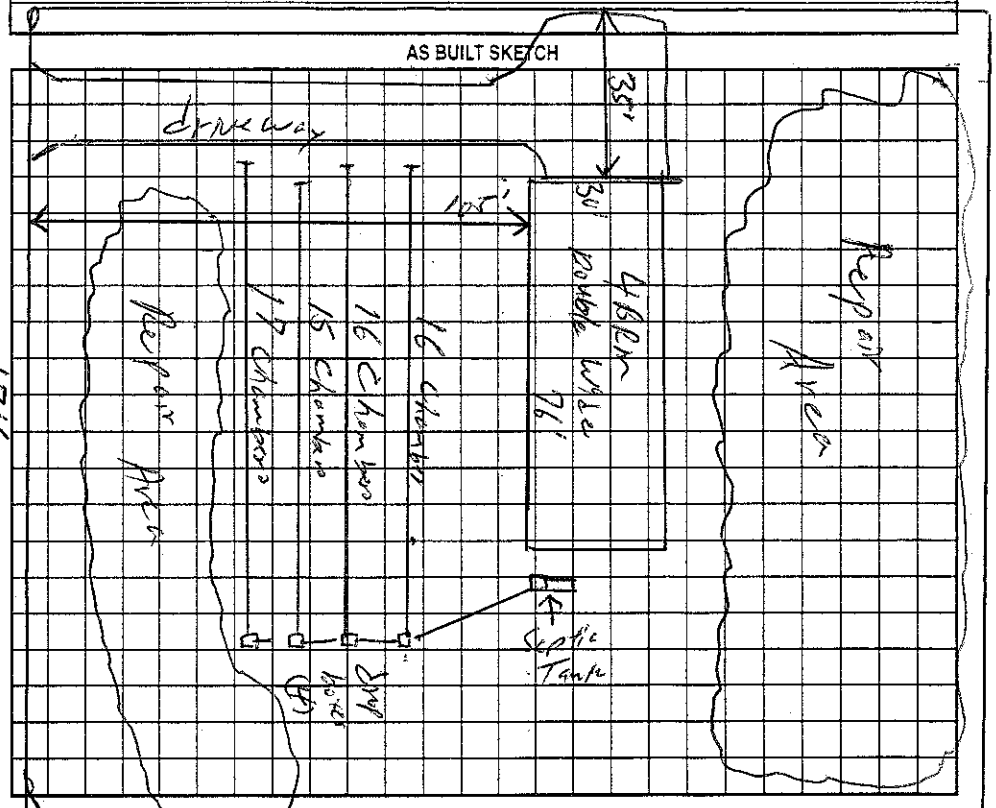
Comments:/Conditions: ① Maintain all setbacks ② Install Liner ON Contour

Comments:/Conditions: - Tuff-Tite Filter + ST marker Installed - 64 Infiltrator Chambers Installed

INITIAL SITE SKETCH 1"=40'



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: [signature] date 1/12/04

Improvement Permit by: William O. Johnson date 1/9/04

Authorization to Construct by: William O. Johnson date 1/9/04

Installed by: Craig Thompson

Operation Permit by: William O. Johnson date 1/16/04

Existing System Inspection by: ____ date ____

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