IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104210 PIN# 4715-18-0115 DATE 3/27/02

OWNER OR CONTRACTOR Allied Partners, LLC PHONE Business (704) 871-7536 Home —

ADDRESS 310 Freeborn Road, Statesville, N.C. 28625

LOCATION Hwy 90 W, @ Wilkes Point Area @ Bridgemill Ct, on Rt at end of Cul-de-Sac

SUBDIVISION Village Point BLOCK / SECTION — LOT 36 LOT AREA .67 Ac. SITE CLASS F5 DESIGN FLOW 360 L.T.A.R. .35 spd

Septic Tank: 4000 Gallons: STB 1012 Date 9-23-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 345
No Lines ____ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

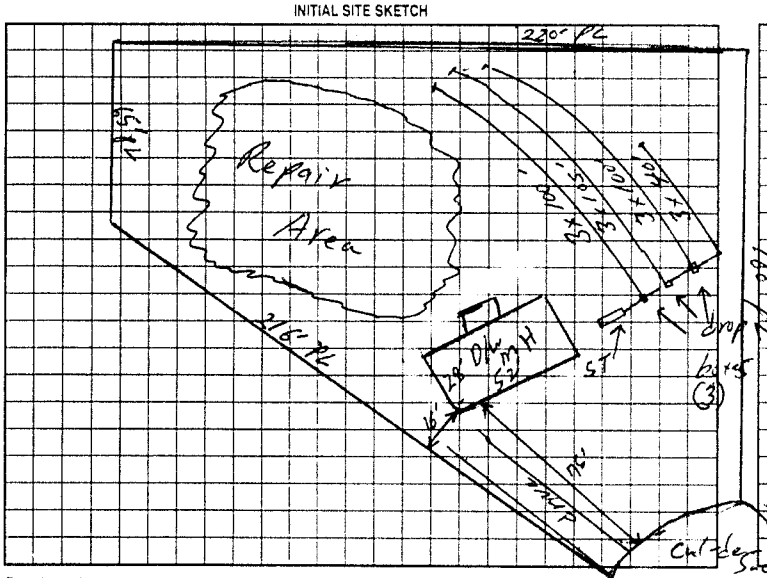
House/Mod Home No Bedrooms 3
X Mobile Home No Bathrooms 2
Business No Employees ____
Other ____

Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: ① Install lines on contour ② maintain proper setbacks

Comments/Conditions: Poly Lok Filter Installed — Septic Tank made Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown per Filter Site 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: Ed Dehue 3-6-02 date ____ Installed by A-1 Backhoe

Improvement Permit by: William O Johnson date 3/27/02 Operation Permit by: William O Johnson date 3/28/02

Authorization to Construct by: William O Johnson date 3/27/02 Existing System Inspection by: ____ date ____

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