IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095435 PIN# 4717 74 4668 DATE 4/25/01

OWNER OR CONTRACTOR AH Inc PHONE. Business (704) 202-5234 Home —

ADDRESS 450 Auction Drive Salisbury N.C. 28147

LOCATION Hwy 115 N. to Midway Rd, on Rt & Curve at Fox Cove Cap Rd

SUBDIVISION With View Estates BLOCK / SECTION — LOT 27 LOT AREA .99 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 4000 Gallons. STB 825 Date 3-9-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No. Fields 1 Square Feet Conventional Linear Feet 300
No Lines ____ Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth —

[X] New System [ ] Repair System Type: I II III IV V VI
System Description: Gravity 25% Reduction
Repair System Description: Gravity, 50% Reduction
Maintenance Agreement Required: [ ] Yes [X] No
[X] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

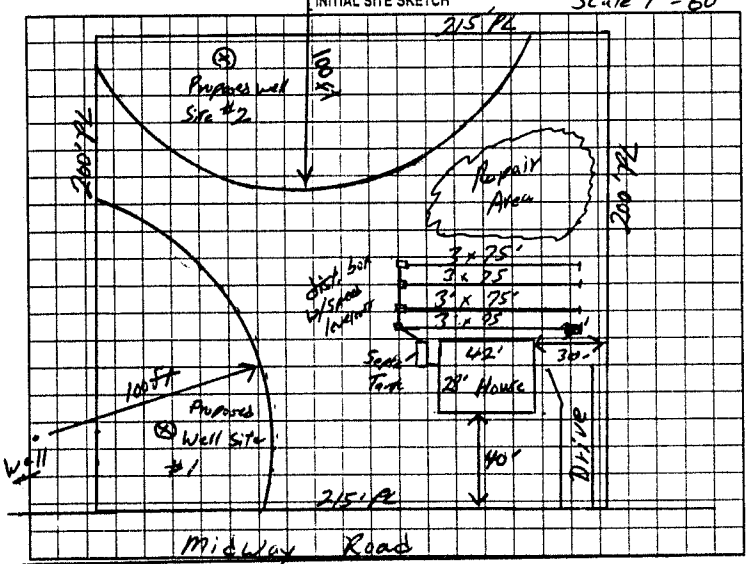
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

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

Comments/Conditions: (1) Well must go in designated area only. Keep 100ft from System (2) 25% Reduction of chambers or HDES sections (3) Keep 10ft from property lines (4) Use distribution box 4/spaces (5) Use 1000 gal tank

Comments/Conditions 50 Chambers Installed - Infiltrator - poly lok Filter Installed

INITIAL SITE SKETCH Scale 1" = 60'



AS BUILT SKETCH

Installed as per Initial 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: _____ date 5/18/01 Installed by: Lowan Septic Co

Improvement Permit by: Willie O. Johnson ROI date 4/25/01 Operation Permit by: Willie O. Johnson date 7/17/01

Authorization to Construct by: Willie O. Johnson ROI date 4/25/01 Existing System Inspection by: _____ date _____

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