This Permit Voids Permit issued 10-6-99.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83674 PIN# 4722226589 DATE 5-29-01

OWNER OR CONTRACTOR Land Development Services PHONE: Business 528-4711 Home —

ADDRESS P.O. Box 5602 Statesville N.C. 28687

LOCATION Old mtn Rd, (L) Compton Park, (R) Idlebrook (R) Brandon Bay on Right

SUBDIVISION Stone Crest BLOCK / SECTION 2 LOT 30 LOT AREA .50 Acres SITE CLASS 1/5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1,000 Gallons: STB ____ Date ____

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"

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

System Description: Gravity, Conventional

Repair System Description: Pump, 50% Reduction

Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other ____

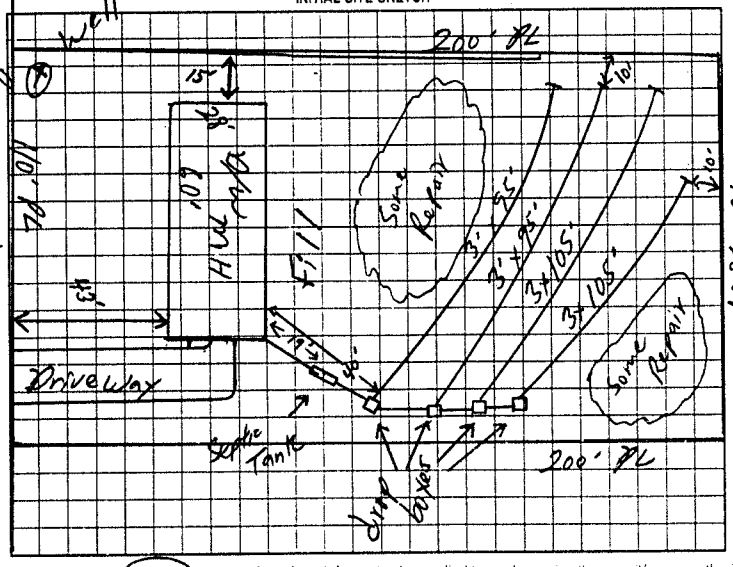
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments/Conditions: ① No cutting or Filling over Septic Lines ② Install lines on contour ③ Keep minimum 10ft from property lines

Comments/Conditions: - Pollok filter installed - Septic Tank marker Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as per Initial Site sketch

Stranger buys Lane

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 5-30-01 Installed by: Marty Tucker

Improvement Permit by: William O. Johnson date 5/30/01 Operation Permit by: William O. Johnson date 5/30/01

Authorization to Construct by: William O. Johnson date 5/30/01 Existing System Inspection by: ____ date ____

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