3:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83177 PIN# 4222 22 6589 DATE 11/8/00

OWNER OR CONTRACTOR Oakwood Homes PHONE: Business 528-4516 Home

ADDRESS 1092 Old Hwy Troutman NC 28166

LOCATION Old Mt. Rd, R Compton Park, L Brandenburg on Lt.

SUBDIVISION Stone Crest BLOCK / SECTION — LOT 8 LOT AREA 0.69 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.5

Septic Tank: 1000 Gallons: STB 3/2 Date 10-20-00
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Red.
Repair System Description: Gravity Panel
Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home [X] Mobile Home [ ] Business [ ] Other
No. Bedrooms 4 No. Bathrooms 2 No. Employees

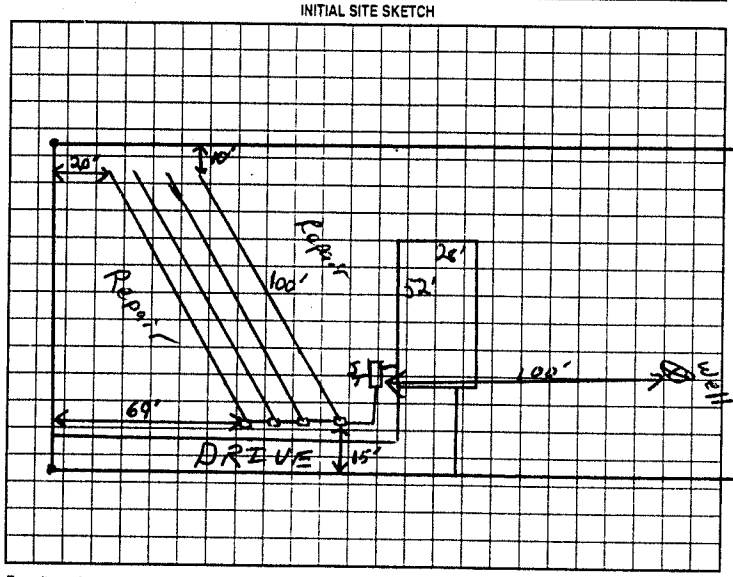
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

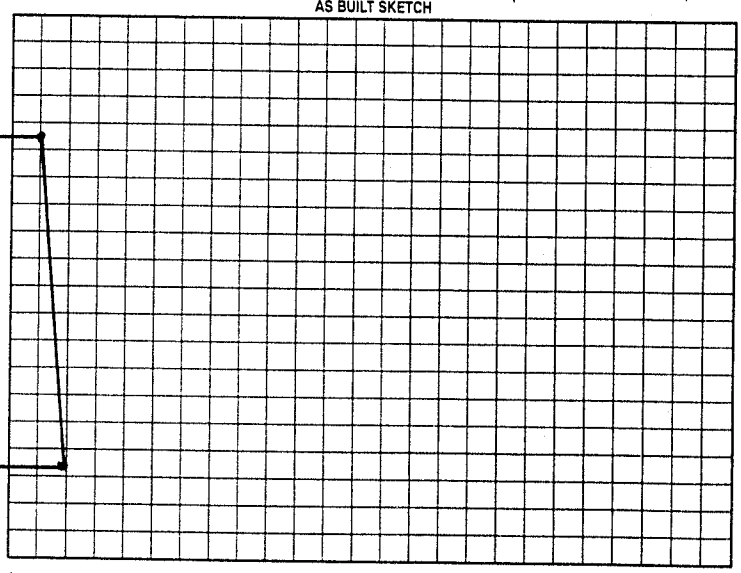
Comments:/Conditions:
Keep Well 100' from Septic System.

Comments /Conditions: Installed as drawn
"Bio-Huser" Chambers
"Poly-Tek" Filter installed, Tank riser installed

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: John T. Parker date

Improvement Permit by: RSE date 11/8/00

Authorization to Construct by: RSE date 11/8/00

Installed by: Tuckers Grading

Operation Permit by: [illegible] / Guy Mauney RSE date 12-21-00

Existing System Inspection by: date

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