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*THIS PERMIT REPLACES PREVIOUS ISSUED 4-25-05

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125558 PIN# ~~4725 78 0467 022~~ 4725-78-3331 DATE 05/17/06

OWNER OR APPLICANT BUILT RITE CONS. - JOE HYDE PHONE: Business 704-201-9935 Home 704-876-1955

ADDRESS 295 TREEBARK RD. STATESVILLE, NC

LOCATION HWY 115 N. (L) SCOTTS CREEK RD. (L) MILLER FRM RD., (L) DOVEMEADOW LN., (L) BIRD HAVEN, FIRST LEFT,

SUBDIVISION DOVE MEADOW BLOCK / SECTION II LOT 22 LOT AREA 0.46 Ac. SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 375 Date 6-16-06
Pump Tank: 1,000 Gallons; PT 562 Date 6-25-06
Pump Make: ~~Zoeller~~ Model ~~U.L.~~ CSA / Serial No. W55-C
Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 300'
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PUMP, 25% REDUCTION
Repair System Description: LOW PRESSURE, 50% REDUC.
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 6 No. Employees

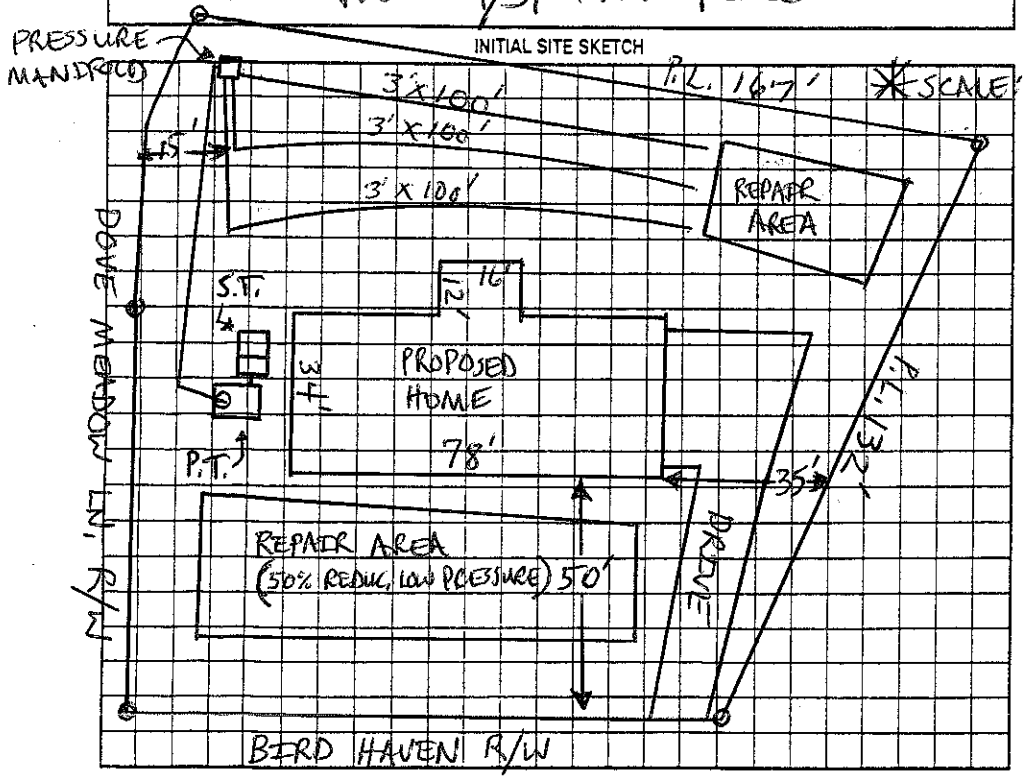
Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: SEE ATTACHED SHEET FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS. INSTALL 25% REDUCTION SYSTEM AS FLAGGED.

Comments/Conditions: Blue tip-Tite Septic Tank. Pump used

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: Joe Hyde date 5-23-06 Installed by: Kenny Madison

Improvement Permit by: STEVE HENDRICK date 5-23-06 Operation Permit by: Kelly Cook date 10-6-06

Authorization to Construct by: STEVE HENDRICK date 5-23-06 Existing System Inspection by: _____ date _____

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