This permit Voids Permit #102208, dated 10/1/01. Previously issued for this lot #158

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118438 PIN# 4726-50-0433 DATE 3/1/04

OWNER OR CONTRACTOR Ward Diversified Inc. PHONE: Business (704) 902-3907 Home —

ADDRESS 8156 Mon bo Rd Catawba, N.C. 28609

LOCATION Hwy 115 N @ Scotto Creek @ Miller Farm (R) Antler (L) Redbuck to corner of Morrison Creek

SUBDIVISION Deercroft BLOCK / SECTION IV LOT 158 LOT AREA .63 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1012 Date 5-7-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 400'
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 6"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Pump, 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

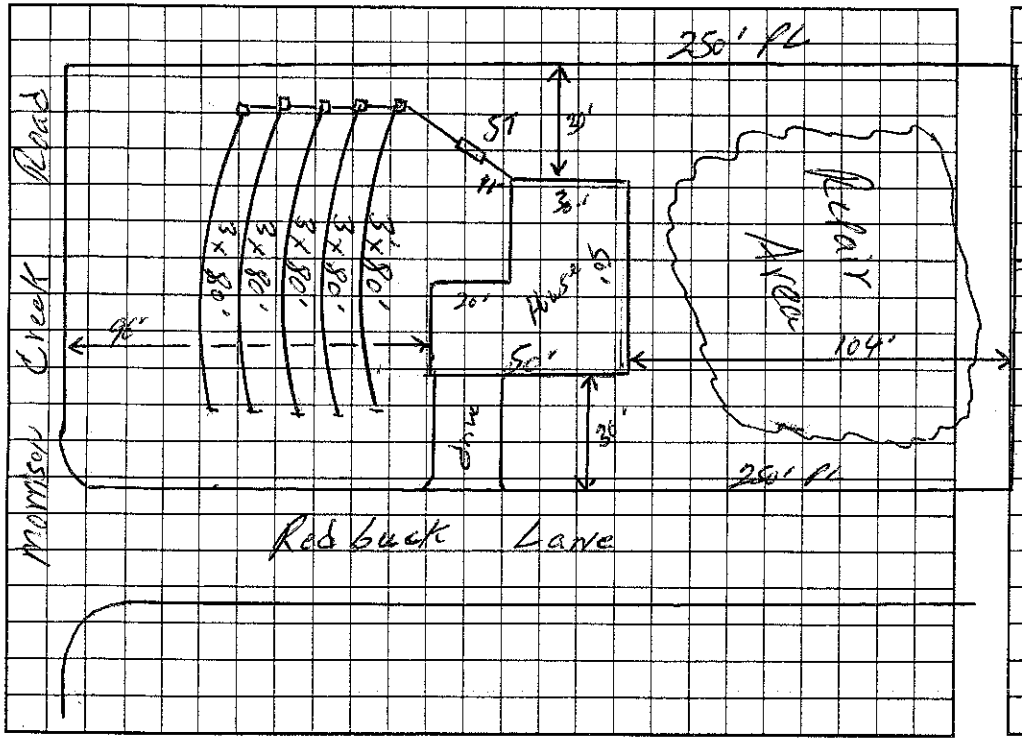
☒ House/Mod. Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

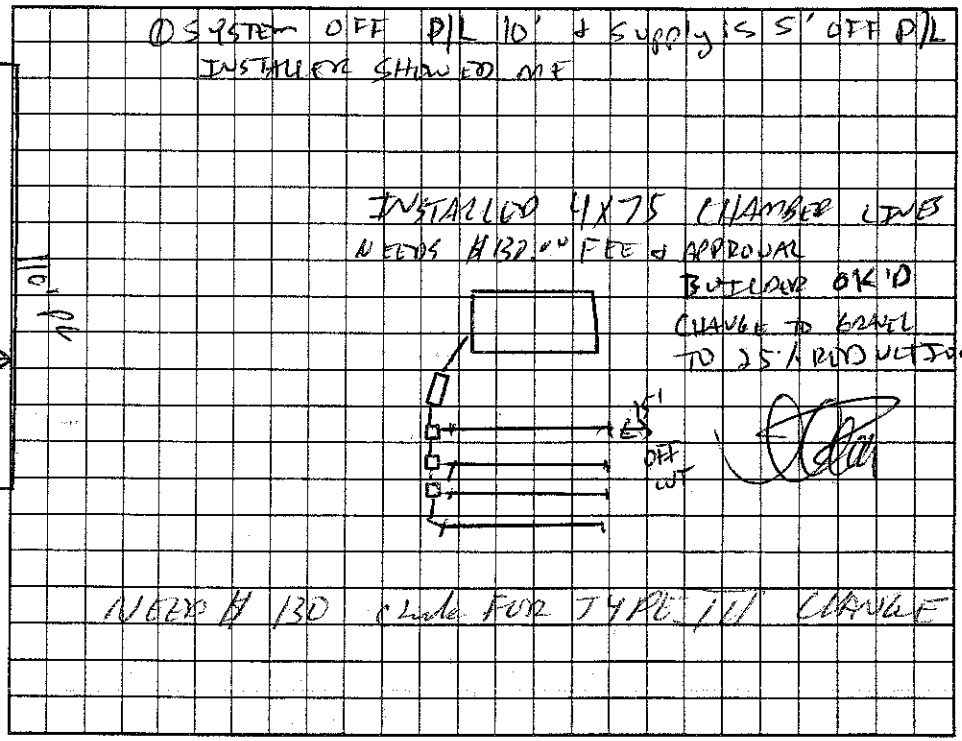
Comments:/Conditions: ① Install lines on contour ② Maintain proper set backs.

Comments:/Conditions: TUFF TITE FILTER & MARKER INSTALLED AS DRAWN

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: Jeffrey Ward date 3-5-04 Installed by: Front Grading

Improvement Permit by: William O. Johnson date 3/1/04 Operation Permit by: [signature] RS date 12-9-04

Authorization to Construct by: William O. Johnson date 3/1/04 Existing System Inspection by: ____ date ____

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