IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111350 PIN# 4726-62-1285 DATE 3-6-03

OWNER OR CONTRACTOR W.C.U. Inc. PHONE: Business — Home (704) 873-2006

ADDRESS 1712 Island Ford Rd. Statesville, NC 28625

LOCATION 115 N. @ Scotts Creek @ Miller Farm, @ Doe Trail, @ Elk Drive (R) Caribou on right

SUBDIVISION Deercroft BLOCK / SECTION II LOT 88 LOT AREA .54 Ac. SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1012 Date 7-28-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Equiv to 1200' Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Pump 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

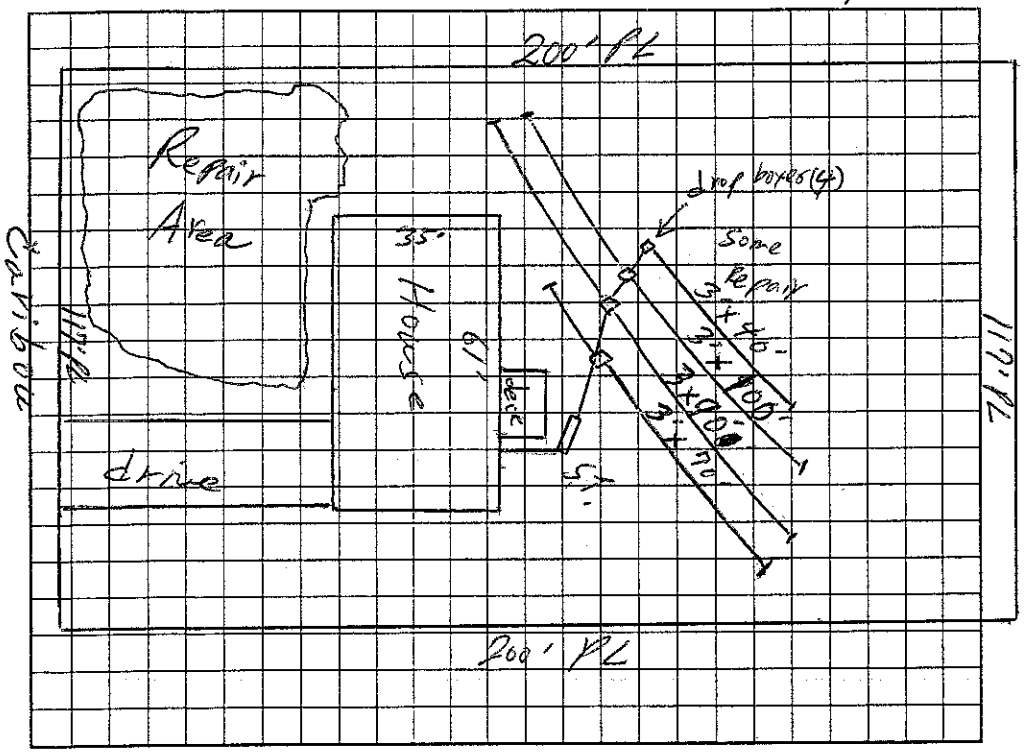
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

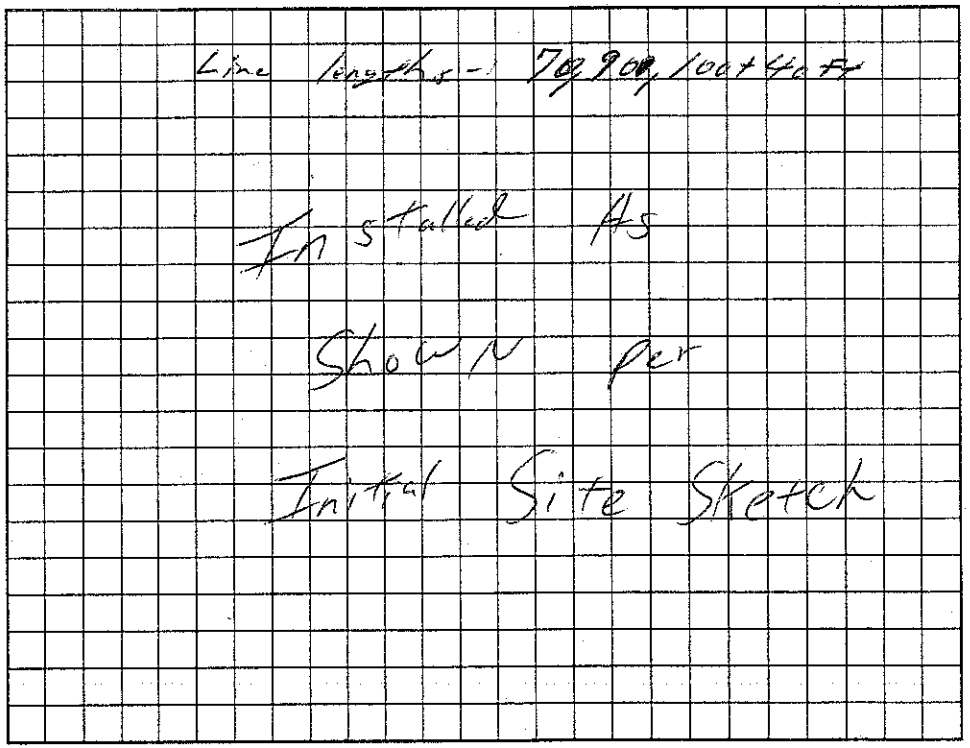
Comments:/Conditions: @ Install lines on contour @ maintain proper Setbacks

Comments:/Conditions: - Tuff - Filter + ST Marker Installed 48 Infiltrator Chambers Installed

INITIAL SITE SKETCH 1" = 40'



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: [signature] date 3-14-03 Installed by: Dale Fox

Improvement Permit by: William O. Johnson date 3-6-03 Operation Permit by: William O. Johnson date 1/8/04

Authorization to Construct by: William O. Johnson date 3-6-03 Existing System Inspection by: ____ date ____

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