IREDELL COUNTY HEALTH DEPARTMENT (CI) THIS PERMIT VOIDS PREVIOUS ISSUED 5-25-2000

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

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

PERMIT# ~~106655~~ 13127 PIN# 4727-14-6992 DATE 5-11-02

OWNER OR CONTRACTOR PILOT ~~BUILDERS~~ HABITAT FOR HUMANITY ~~704-202-4964~~ Home 704-880-3068

ADDRESS 450 AUCTION DRIVE, SALISBURY, NC 28147

LOCATION NC 115 N TL COACHMAN LOOP, TL TRINITY RD, TR POTTS GRANT LANE 3RD LOT ON LEFT

SUBDIVISION MIDWAY PARK BLOCK / SECTION ____ LOT 4 LOT AREA 0.54 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 1-27-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III. IV. V. VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

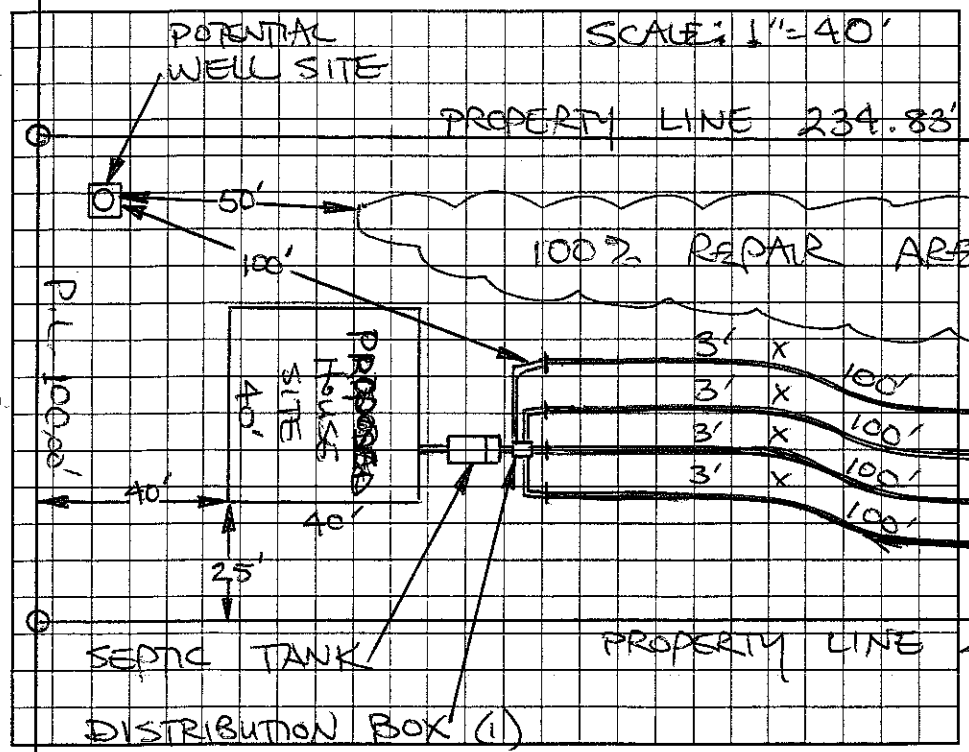
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: KEEP SYSTEM MAXIMUM FEASIBLE DISTANCE FROM WELL (100 FEET)

Comments/Conditions: Red filter

INITIAL SITE SKETCH



AS BUILT SKETCH

POTTS GRANT 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: ____ date 5/17/02 Installed by: Brent Gallihes

Improvement Permit by: STEVE HEDRICK date 5-11-02 Operation Permit by: ____ date 5-31-06

Authorization to Construct by: STEVE HEDRICK date 5-11-02 Existing System Inspection by: ____ date ____

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