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IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CT) MOORESVILLE 704-664-5281

(C) IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 140678 PIN# 4727-15-9334 DATE 2-22-07

OWNER OR APPLICANT HABITAT FOR HUMANITY PHONE: Business 704-880-3068 Home 704-871-0409

ADDRESS P.O. BOX 1628 STATESVILLE NC 28687

LOCATION NC 115 NORTH TL COACHMAN LOOP, TL TRINITY ROAD, TR POTTS GRANT LANE, LOT AT END ON RIGHT

SUBDIVISION POTTS GRANT (MIDWAY PARK) BLOCK / SECTION ____ LOT 14 LOT AREA 0.53 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 6-16-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1200 Linear Feet 300
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, LOW PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

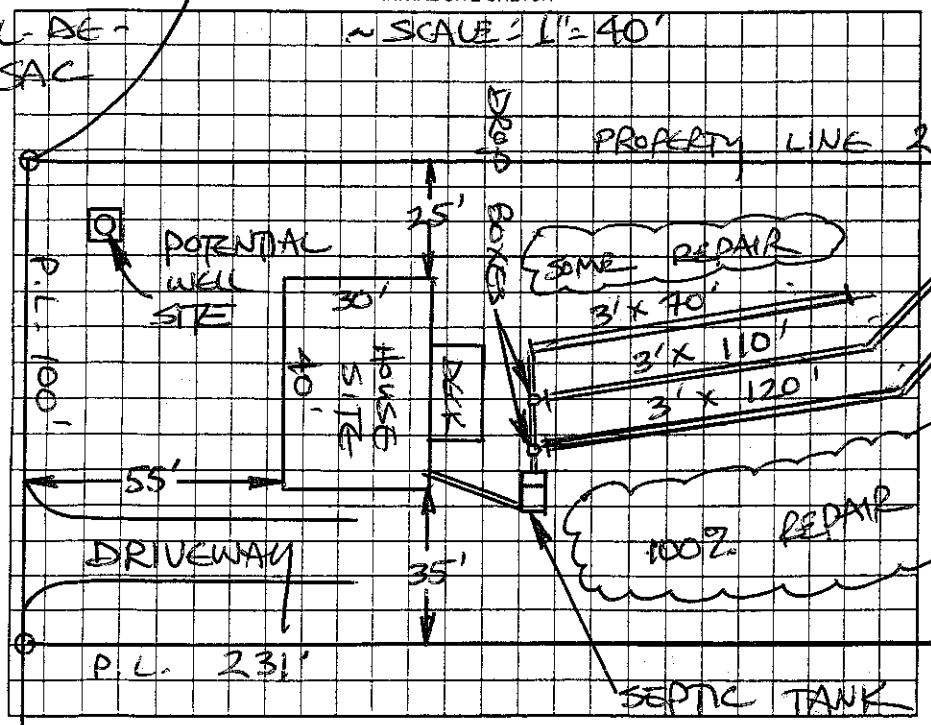
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

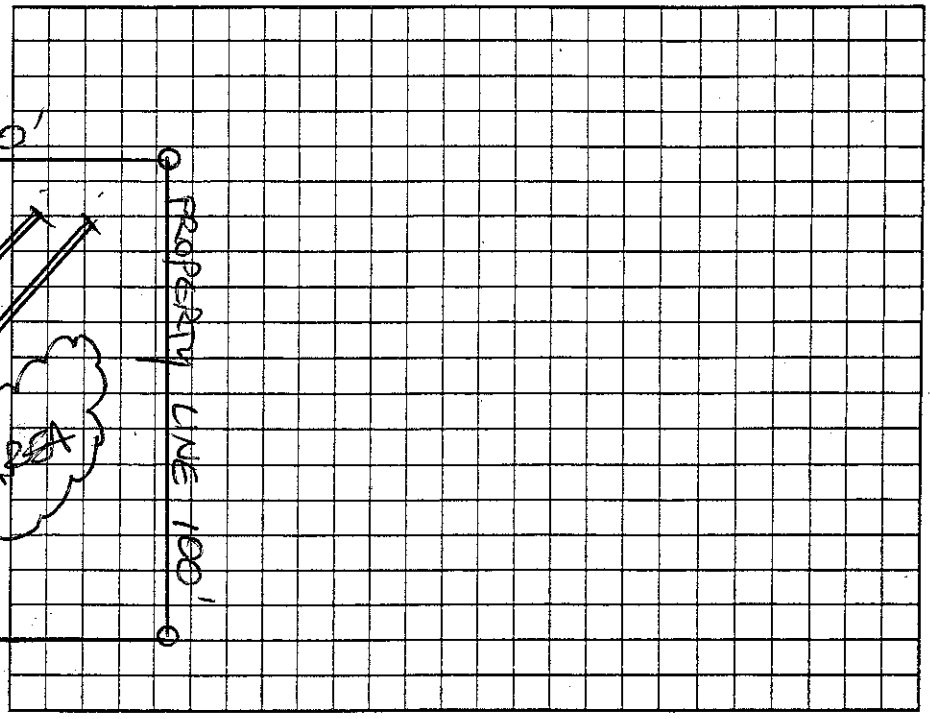
Comments/Conditions: ① INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED, NO DEEPER THAN 36" ② KEEP SYSTEM MAXIMUM FEASIBLE DISTANCE FROM WELL, NO CLOSER THAN 50 FEET.

Comments/Conditions: Red Filter

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: [signature] date 2-27-07 Installed by: Brent Gallihee

Improvement Permit by: STEVE HEDRICK date 2-22-07 Operation Permit by: [signature] date 9-26-07

Authorization to Construct by: STEVE HEDRICK date 2-22-07 Existing System Inspection by: ____ date ____

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