IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Yadkinville 150591 PIN# 4130-79-6138

OWNER OR APPLICANT DPC Properties LLC PHONE: Business 704-998-8047 Home 704-662-3625 DATE 3-28-08

ADDRESS 9165 Jay Oak Drive Statesville NC 28677

LOCATION 215 (R) State Rd 1153 (L) Meadow Glen Ln - on RT

SUBDIVISION Meadow Glen BLOCK / SECTION _____ LOT 114 LOT AREA 1.630 Ac SITE CLASS. V DESIGN FLOW 375 L.T.A.R. .3

Septic Tank: 1000 Gallons: ST# 1000 Date 6-14-06

Pump Tank: 1000 Gallons: PT 307 Date 3-20-06

Pump Make: Zoeller Model N-152 Serial No. _____

Nitrification Field: No Fields _____ Square Feet 1,260 Linear Feet 210

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 50% Low Pressure

Repair System Description: 50% Low Pressure

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

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Located on Contour

Maintain all setbacks

INITIAL SITE SKETCH

(See Attached Drawing Dup Same)

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: Barry Bayne date 3/28/08 Installed by: Rowan

Improvement Permit by: Kelly Cook date 3-28-08 Operation Permit by: [signature] date 9-23-08

Authorization to Construct by: [signature] date 8-7-06 Existing System Inspection by: _____ date _____

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