IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129584 PIN# 4730705378.038 4730-60-8380 DATE October 20, 06

OWNER OR APPLICANT ~~Bo of A C Inc~~ MARC BLDRS PHONE: Business _____ Home _____

ADDRESS 249 Williamson Rd, Suite 101, Mooresville, N.C. 28115

LOCATION Perth Rd (W) TR Winding Forest Dr. TR Crooked Branch Way on left near end

SUBDIVISION Winding Forest BLOCK / SECTION _____ LOT 38 LOT AREA .66 ac SITE CLASS. RS DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 825 Date 12/30/07

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 960 * Linear Feet 320

No Lines 4+4 Trench Width 36" * Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☒ Public ☒ Community

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

Comments:/Conditions:

* Per plan specs

Comments:/Conditions:

INITIAL SITE SKETCH

SEE Plan from Rollins Soil and Env. Services

AS BUILT SKETCH

System installed as shown w/ Tank moved to Left Side

8' x 40' Panel lines

~~No bedrooms at installation~~

* Public water

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: Deanne Langdon date 10-30-06 Installed by: Rowan Septic

Improvement Permit by: _____ date 10-20-06 Operation Permit by: Anthony Cobb date 2/21/08

Authorization to Construct by: _____ date 7/26/07 Existing System Inspection by: _____ date _____

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