This permit void permit issued 1/30/04.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 116987 PIN# 4736-74-9835 DATE 1/7/05

OWNER OR CONTRACTOR WCW Inc PHONE: Business (704) 902-6888 Home (704) 873-2006

ADDRESS 1712 Island Ford Rd Statesville N.C. 28625

LOCATION 21 N (L) Fort Dobbs (R) Cooper Farm Rd (L) Clearview (R) Fairdale 1st House on Right

SUBDIVISION Willow Brook BLOCK / SECTION — LOT 27 LOT AREA .618 Ac SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .25 LTAR

Septic Tank: 1000 Gallons; STB 1012 Date 10-25-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 4 @ 1440 Linear Feet 360

No Lines Five(5) Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N A

[X] New System [ ] Repair System Type: I, II, [III], IV, V, VI

System Description: Gravity, 25% Reduction

Repair System Description: Pump, LPP

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other _____

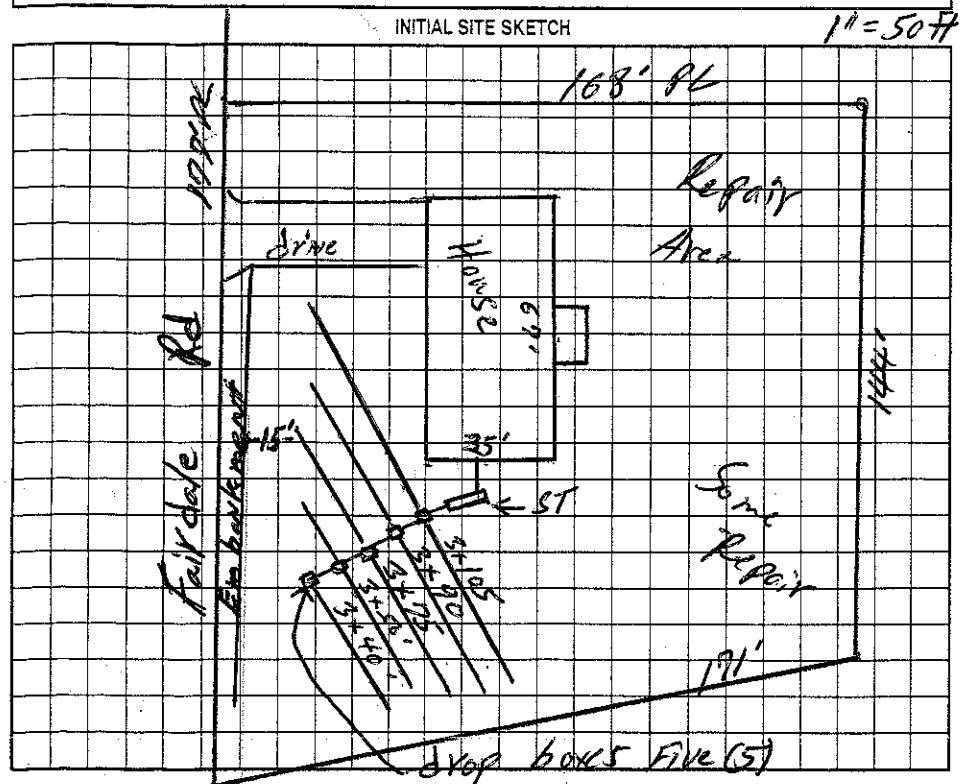
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

Comments:/Conditions:

Comments:/Conditions: (1) YELLOW 'TUFF-TITE' FILTER IN TANK (2) MARKER ON TANK (3) 'INFILTRATOR' CHAMBERS USED IN DRAINFIELD

INITIAL SITE SKETCH 1" = 50 FT



AS BUILT SKETCH

X SYSTEM INSTALLED AS SHOWN

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 1-7-05 Installed by: K & W GRADING

Improvement Permit by: William O. Johnson date 1/7/05 Operation Permit by: _____ RS,LSS date 5-19-05

Authorization to Construct by: William O. Johnson date 1/7/05 Existing System Inspection by: _____ date _____

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