This permit voids previous issued permit dated 9/27/02.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 C'I MOORESVILLE 704-664-5281

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

PERMIT# 108509 PIN# 4736-84-7774 DATE 11/1/02

OWNER OR CONTRACTOR Jack Borders PHONE: Business (704) 881-0025 Home —

ADDRESS 188 Knox Farm Road Statesville N.C. 28677

LOCATION Hwy 21 North, ⓒ Ft Dobbs Rd, ⓡ Cooper Farm Rd, ⓛ on Clearview Rd Lot on Right

SUBDIVISION Willowbrook BLOCK / SECTION #1 LOT 9 LOT AREA .43 Ac. SITE CLASS #5 DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1000 Gallons; STB 10/2 Date 8-23-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet Eq. to 1200 Linear Feet 200'
No Lines 5 Trench Width 2ft Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity, 50% Reduction
Repair System Description: Pump, 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

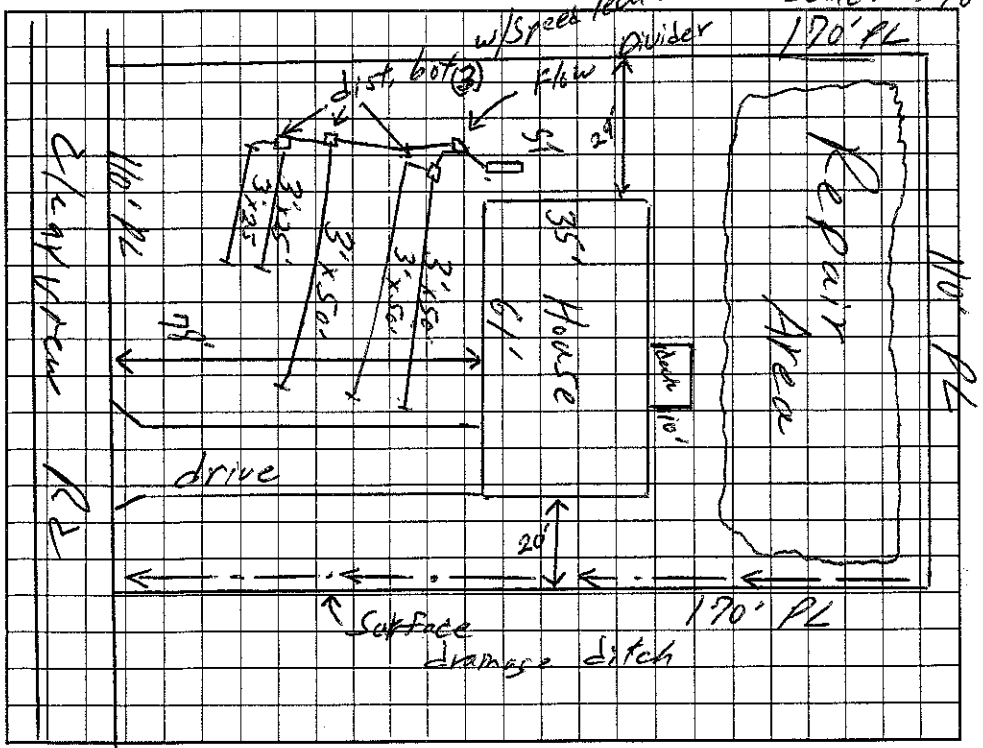
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

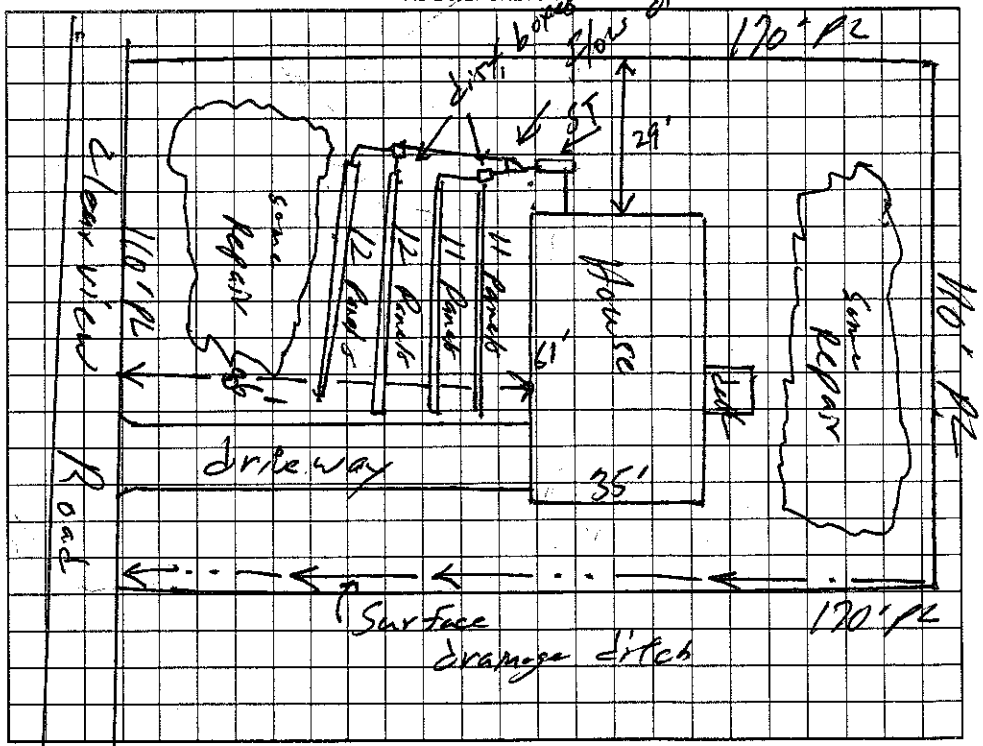
Comments/Conditions: ① Install 46 Panels with 33 tons of Sand ② use ① one flow divider tee and three (3) dist. boxes ③ do not install when wet ④ Line Sidewalls ⑤ Install Surface drainage ditch as shown.

Comments/Conditions:
- S.T. marker + Top-Tite Filter Installed
- 46 Panels Installed

INITIAL SITE SKETCH Scale 1" = 40'



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: Bruce Pate date _____ Installed by: Dale Fox

Improvement Permit by: William O. Johnson date 11/1/02 Operation Permit by: William O. Johnson date 4/17/03

Authorization to Construct by: William O. Johnson date 11/1/02 Existing System Inspection by: _____ date _____

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