This Permit Voids Previous Issued on 8/13/01.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101480 PIN# 4737235364.11 DATE 2/8/02

OWNER OR CONTRACTOR Cranske + O'Brien Construction PHONE: Business (704) 871-1536 Home —

ADDRESS 310 Treepark Road Statesville NC 28625

LOCATION Chipley Ford (N), (2) Red Chimney Rd - 3rd lot on Right

SUBDIVISION Chimney Ridge BLOCK / SECTION _____ LOT 11 LOT AREA .6 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 4,000 Gallons; STB 1012 Date 12-21-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: LP Pencil
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees _____
[ ] Other _____

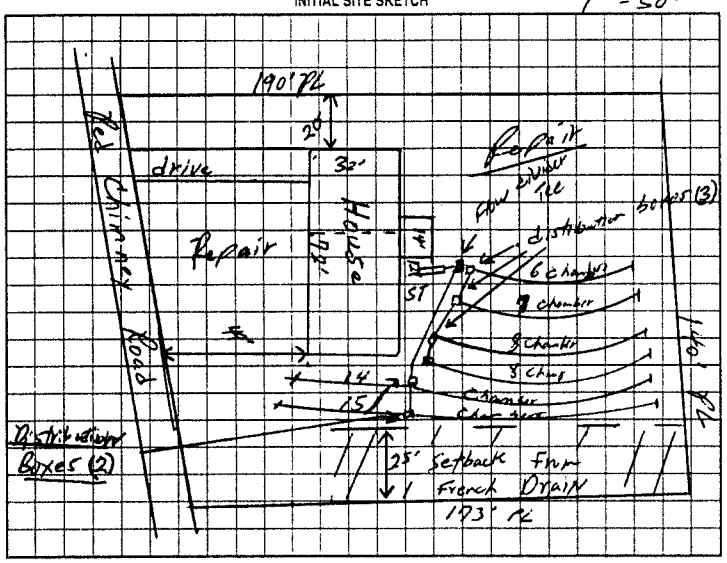
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments/Conditions: ① Install 58 Chambers at 580-10ft Sections of HDS with Flow Divider on Contour ② maintain proper setbacks

Comments/Conditions: - S.T. Marker Installed
- Poly Lok filter Installed
- 58' Infiltrator Chambers Installed

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

Installed as Shown per Initial Site 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: _____ date _____

Improvement Permit by: William O. Johnson date 2/8/02

Authorization to Construct by: William O. Johnson date 2/8/02

Installed by: A1 Backhoe

Operation Permit by: William O. Johnson date 4/30/02

Existing System Inspection by: _____ date _____

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