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THIS PERMIT REPLACES PREVIOUS ISSUED 4-22-2004

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108384 PIN# 4743-01-0157 DATE 6-2-2007

OWNER OR APPLICANT JOSE SOTO PHONE: Business 704-883-2107 Home 704-878-9264

ADDRESS 203 ARLIE LOOP STATESVILLE NC 28677

LOCATION US 21 S TL MOOSE CLUB ROAD, TL SKYUKA ROAD, TR ARLIE LOOP LOT ON LEFT BEFORE CURVE

SUBDIVISION KISTLER BLOCK / SECTION ____ LOT 1 LOT AREA 0.56 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT2

Septic Tank: 1000 Gallons; STB 260 Date 1-3-08

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200

No Lines FOUR Trench Width 24" Max Trench Bottom Depth 36" Depth 24"

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

System Description: 50% REDUCTION GRAVITY

Repair System Description: 50% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

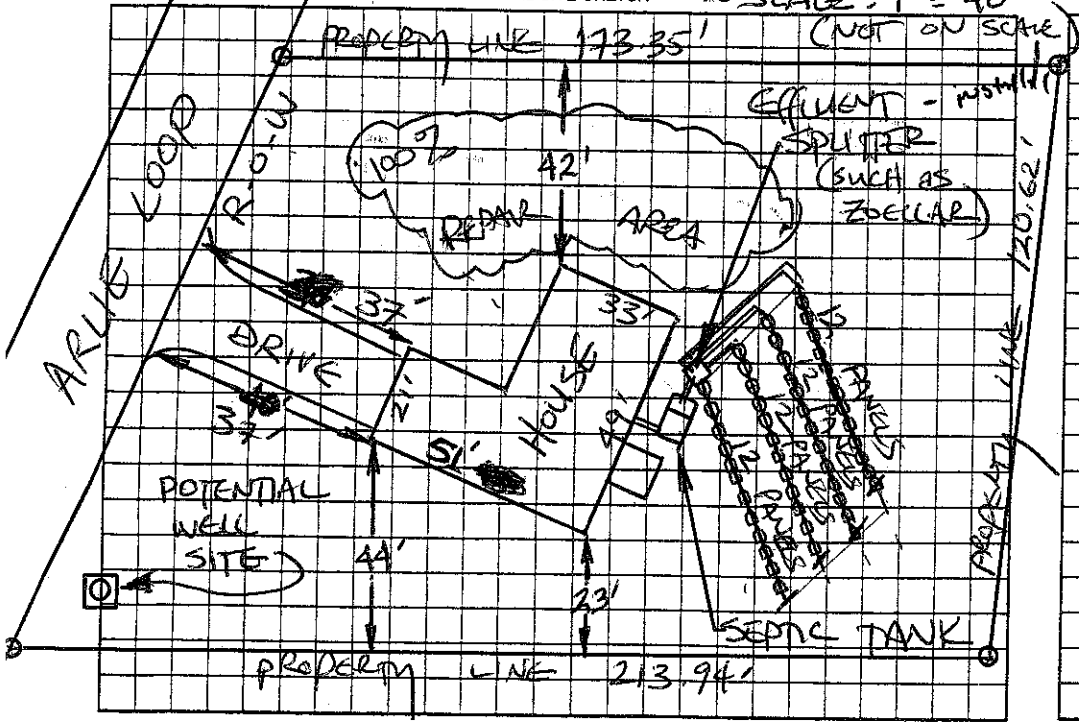
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

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

Comments/Conditions: ① KEEP SYSTEM MINIMUM 100' FROM ANY WELL (15A NCAC 18A .1956(6)(9)) ② INSTALL 50% REDUCTION SYSTEM USING 48 PPBPS PANELS USING EFFLUENT SPLITTER FOR EQUAL DISTRIBUTION

Comments/Conditions: Filter installed

INITIAL SITE SKETCH ~SCALE: 1" = 40'



AS BUILT SKETCH

Install A)

Drawn

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: Jose G Soto date 6-2-07

Improvement Permit by: STEVE HEDRICK date 6.2.07

Authorization to Construct by: STEVE HEDRICK date 6-2-07

Installed by: A-1 Backhoe

Operation Permit by: [signature], R.S. date 8 May 08

Existing System Inspection by: ____ date ____

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