ARBY'S RESTAURANT

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11634 PIN# 4746 88 ~~2406~~ ~~660~~ 0197 DATE 6/24/03

OWNER OR CONTRACTOR F&W COMPANIES / PLATINUM FOODS PHONE: Business 336-838-4000 Home

ADDRESS PO Box 410 WILKESBORO NC 28697

LOCATION 21 N - ON LT BEFORE JUNCTION WITH I77 ARBY'S RESTAURANT

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS. PS DESIGN FLOW 2960 L.T.A.R. .25GPD/FT2

Septic Tank: 2@2000 Gallons; STB 633 Date 12/20/03
Pump Tank: 3500 Gallons; PT 96 Date 2/24/03
Pump Make: ZOELLER Model 267-0013 Serial No.
Nitrification Field: No Fields 1 Square Feet 12,000 Linear Feet 4000
No Lines 40@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP CONVENTIONAL
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No

☐ House/Mod. Home No. Bedrooms
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☑ Other RESTAURANT w/ 74 SEATS

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

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:
GREASE TRAP 3500 PAID @ 647 8/24/03
2nd Septic Tank 633 — DATE 9/20/03

Comments:/Conditions: 1) MOVE PRESSURE MANIFOLDS TO CENTER OF FIELDS

INITIAL SITE SKETCH

SEE BROOKS & MEDLOCK ENGINEERING PLAN

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: _____ date _____ Installed by: HARWOOD PLUMBING

Improvement Permit by: _____ RS date 6/24/03 Operation Permit by: _____ date 8/12/03

Authorization to Construct by: _____ RS date 6/24/03 Existing System Inspection by: _____ date _____

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