IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10677 PIN# 4744-37-8695

OWNER OR CONTRACTOR Derrick Cline PHONE Business — Home (704) 876-4477 DATE 6/19/02

ADDRESS 202 Deitz Road Statesville N.C. 28625

LOCATION 21 N @ Shoemaker Drive @ Hunter Farm Rd @ on Deitz Rd first 6 House on Right

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.14 Ac SITE CLASS 85 DESIGN FLOW 360 L.T.A.R. .30 .47

Septic Tank: 1200 Gallons: STB 1012 Date 4-21-02
Pump Tank: — Gallons: PT — Date —
Pump Make: — Model — Serial No —
Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 400'
No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity Conventional
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Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home X Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 1 No. Employees —

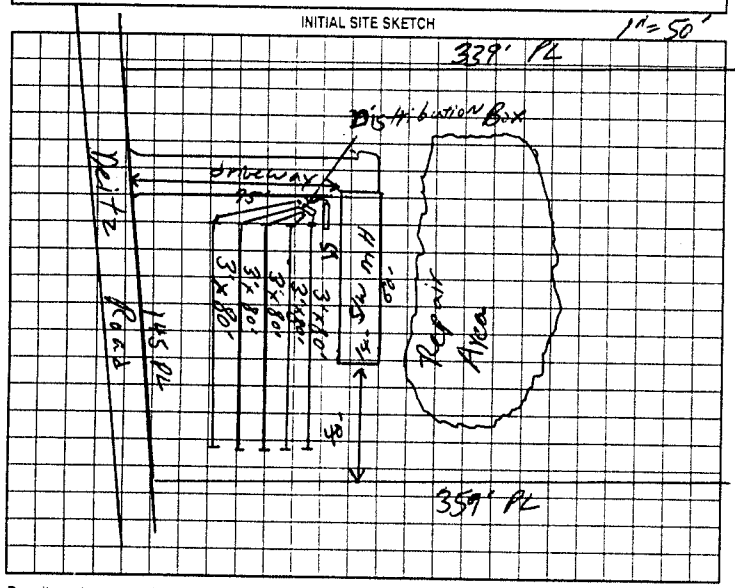
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

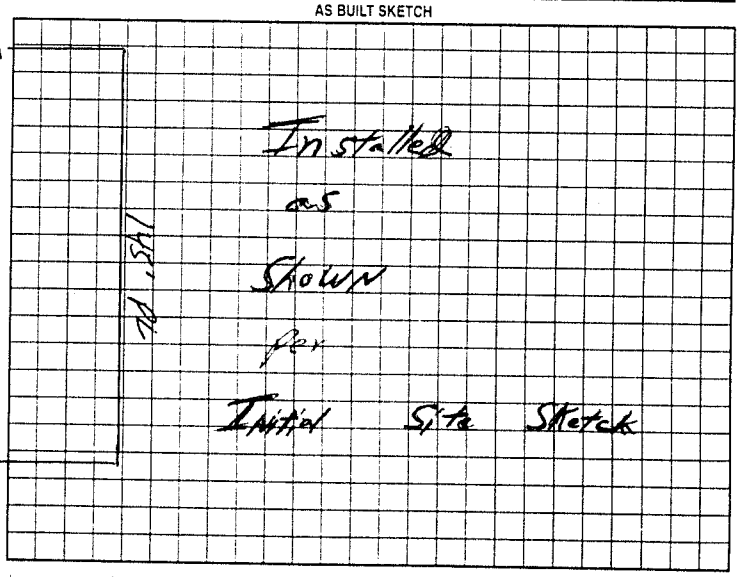
Comments/Conditions:

Comments/Conditions — Septic Tank Marker Installed
Tuff-Tite Effl. Filter Installed

INITIAL SITE SKETCH 1" = 50'



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: Kay B Cline date 6-20-02 Installed by Steve Jordan

Improvement Permit by: William O. Johnson date 6/19/02 Operation Permit by: William O. Johnson date 9/25/02

Authorization to Construct by: William O. Johnson date 6/19/02 Existing System Inspection by: — date —

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