This permit voids Permit # 039763 dated 6-25-99.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106170 PIN# 4742-54-8271 DATE 5/14/02

OWNER OR CONTRACTOR W+W. Sales Inc PHONE: Business — Home (704) 876-0083

ADDRESS P.O. Box 5792 Statesville NC 28687

LOCATION Hwy 21 N @ Whited Farm Road @ Saddlewood Lane, Lot on left

SUBDIVISION Saddlewood BLOCK / SECTION — LOT 4 LOT AREA 125 x 190 SITE CLASS. 85 DESIGN FLOW 360 L.T.A.R. -30

Septic Tank: 1,000 Gallons; STB 1012 Date 7-7-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 960/1200 Linear Feet 300'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I (II) III. IV. V. VI
System Description: Gravity, 25% Red.
Repair System Description: Gravity pump 50% Red
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____

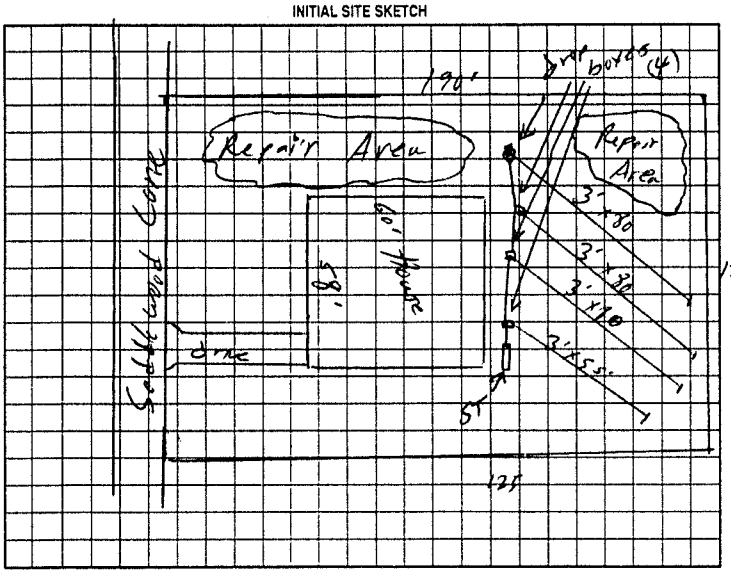
Water Supply: [ ] Individual [X] Public [ ] Community

Gravel Depth N/A [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

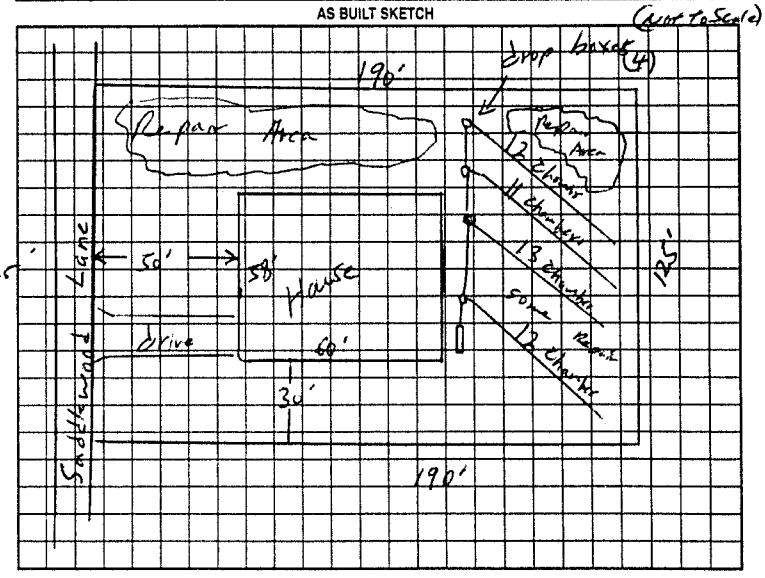
Comments:/Conditions: Install 25% Reduction System on contour

Comments:/Conditions: - ST mortar Interfaces
- Poly lok Filter Installed
- Installed Ea Filter Chambers - 48

INITIAL SITE SKETCH



AS BUILT SKETCH (Not To Scale)



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: _____ date 5/15/02

Authorization to Construct by: _____ date 5/15/02

Installed by: Steve Jordan

Operation Permit by: _____ date 11/15/02

Existing System Inspection by: _____ date _____

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