IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094787 PIN# 4747 63 16 28 DATE 3/13/01

OWNER OR CONTRACTOR Wit W Sales INC PHONE: Business (704) 876-0083 Home —

ADDRESS P.O. Box 5292 Statesville NC 28677

LOCATION Hwy 21N, (L) on Shumaker, Lakes Farm Rd (R) on Saddlewood, (R) on Alexa Ln Lot on (L)

SUBDIVISION Saddlewood BLOCK / SECTION #2 LOT 28 LOT AREA .51 SITE CLASS 15 DESIGN FLOW 366 L.T.A.R. .35

Septic Tank: 1,000 Gallons; STB 1018 Date 1-12-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1027 Linear Feet 343
No Lines 4 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: Conventional Gravity
Repair System Description 50% Reduction Pump
Maintenance Agreement Required: [ ] Yes [X] No

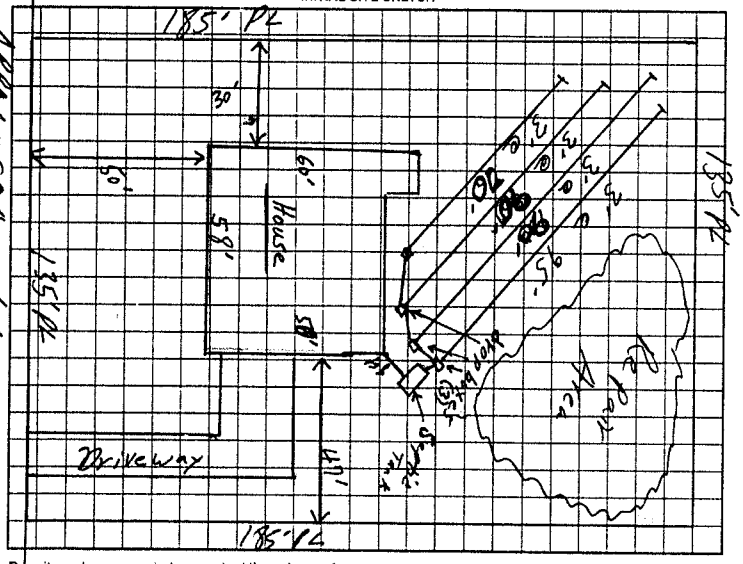
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments/Conditions: (1) Install lines on contour (2) Keep Septic lines 10ft from property lines (3) Do not install when wet

Comments/Conditions: POLYLOK FILTER & RISERS INSTALLED AS SHOWN

INITIAL SITE SKETCH



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: [signature] date 3-15-01 Installed by: STEVE JORDAN

Improvement Permit by: William O Johnson RSI date 3/13/01 Operation Permit by: [signature] KS date 8-9-01

Authorization to Construct by: William O Johnson RSI date 3/13/01 Existing System Inspection by: ____ date ____

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