This permit voids Improvement permit issued 7/12/99.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079714 PIN# 4747-63-3966 DATE 7/11/02

OWNER OR CONTRACTOR R+L Constructors PHONE: Business (704) 880-8219 Home —

ADDRESS 120 White Dogwood Lane Statesville N.C. 28625

LOCATION 21 North, (R) on Shumaker Drive, go 2 miles (R) on Saddlewood Lane, Lot on Right

SUBDIVISION Saddlewood BLOCK / SECTION — LOT 15 LOT AREA .545 Acres SITE CLASS. 75 DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1012 Date 5-5-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ~~1200~~ equivalent 978 Linear Feet 300
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Pump, LPP
Maintenance Agreement Required: [ ] Yes [X] No

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

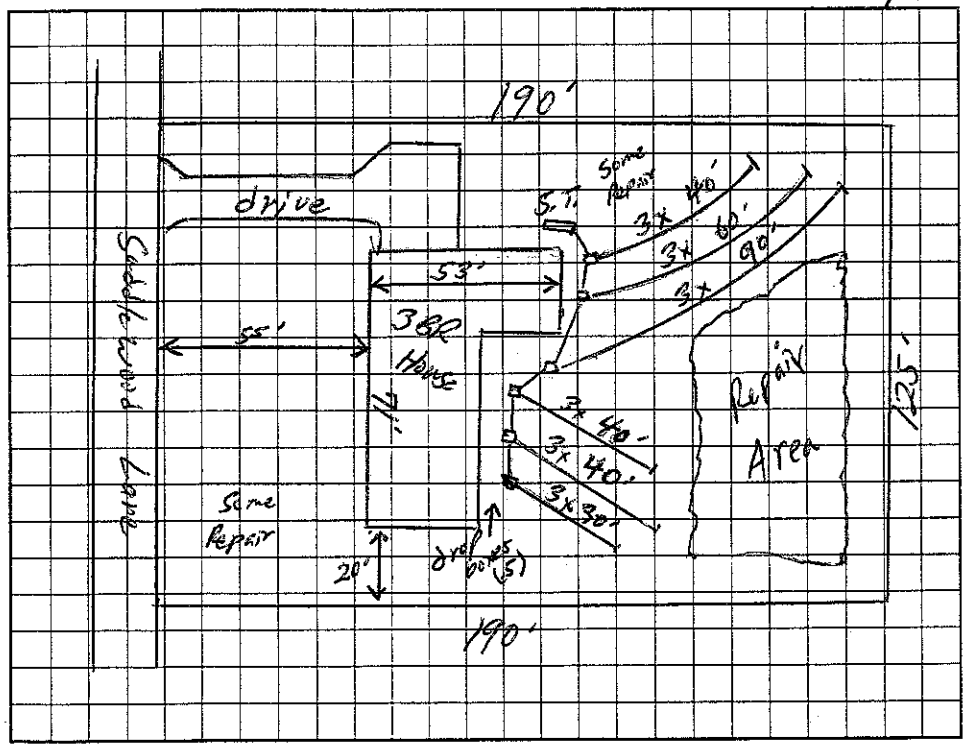
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

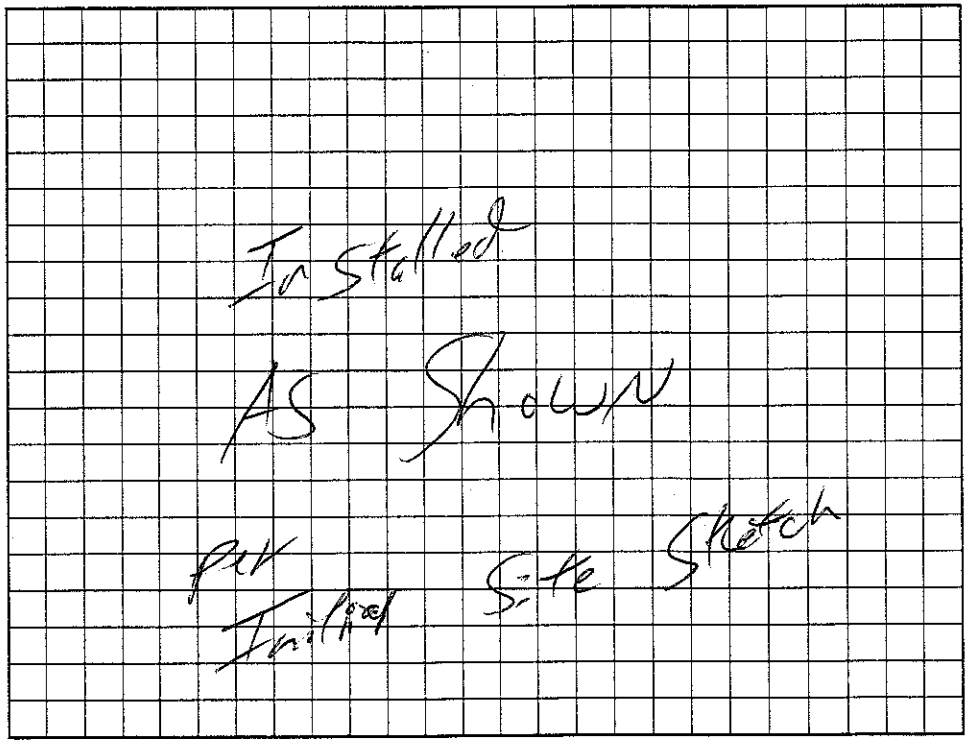
Comments/Conditions: 0-Install 25% Reduction on contour w/drop Boxes- Five(5).

Comments/Conditions: — Tuff-Tite filter, ST marker Installed
— 48 Chambers- Infiltrator
7 4 6 8 9 4 = 48 chambers
(6) (2) (3) (4) (3) (6) Line

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: David F. Wilson date 7/12/02 Installed by: Steve Jordan

Improvement Permit by: William O. Johnson date 7/11/02 Operation Permit by: William O. Johnson date 3/14/03

Authorization to Construct by: William O. Johnson date 7/11/02 Existing System Inspection by: ____ date ____

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