IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102432 PIN# ~~4949-63-4443~~ 4747-63-6775 DATE 12/19/01

OWNER OR CONTRACTOR Patrick + Stacie Patterson PHONE: Business — Home (704) 822-0537

ADDRESS 166 Cullen Lane Statesville NC 28625

LOCATION Hwy 21 North; (L) Shumaker Rd.; (R) Saddlewood Lane; (R) on Appaloosa Lane at end on Left.

SUBDIVISION Saddlewood BLOCK / SECTION II (A) LOT ~~Street~~ LOT AREA .54 +/- Acr SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25 / 60 Ft²

Septic Tank: 1,000 Gallons; STB 825 Date 5-3-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Keep to 1440 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Pump 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2½ No. Employees ____

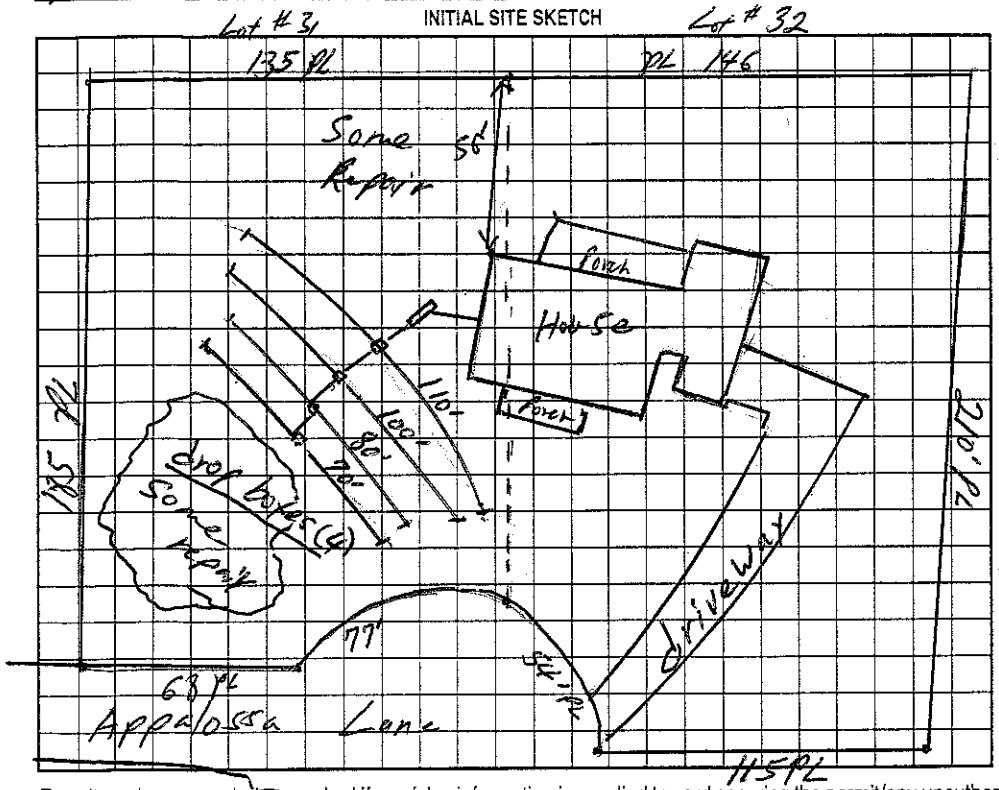
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

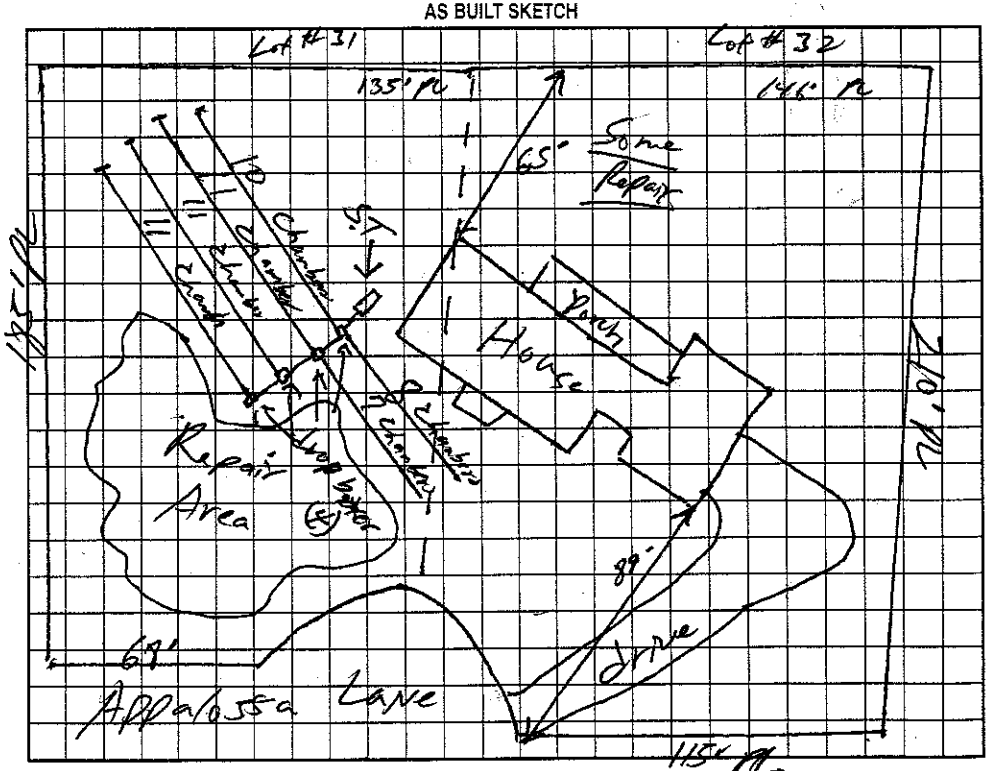
Comments:/Conditions: (1) Install 25% Reduction System (2) Install System on Contour (3) maintain proper setbacks
Not to Scale

Comments:/Conditions: Label Filter Installed
59 Chambers Infiltrators Installed.

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: Patrick Patterson date 1/31/02
Improvement Permit by: William O. Johnson date 12/19/01
Authorization to Construct by: William O. Johnson date 12/19/01

Installed by: Rowan Septic
Operation Permit by: William O. Johnson date 7/25/03
Existing System Inspection by: ____ date ____

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