This permit voids previously issued permit dated 6/28/99.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079769 PIN# 4747-64-6127 DATE 5/6/03

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 (L) Whites Farm Rd, (R) Saddlewood Drive, End of Street, Lot on Left

SUBDIVISION Saddlewood BLOCK / SECTION — LOT 10 LOT AREA 125x187' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1,000 Gallons; STB 1012 Date 3-7-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet Equiv 1,200 Linear Feet 300

No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity, 25% Reduction

Repair System Description: Gravity / Pump 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

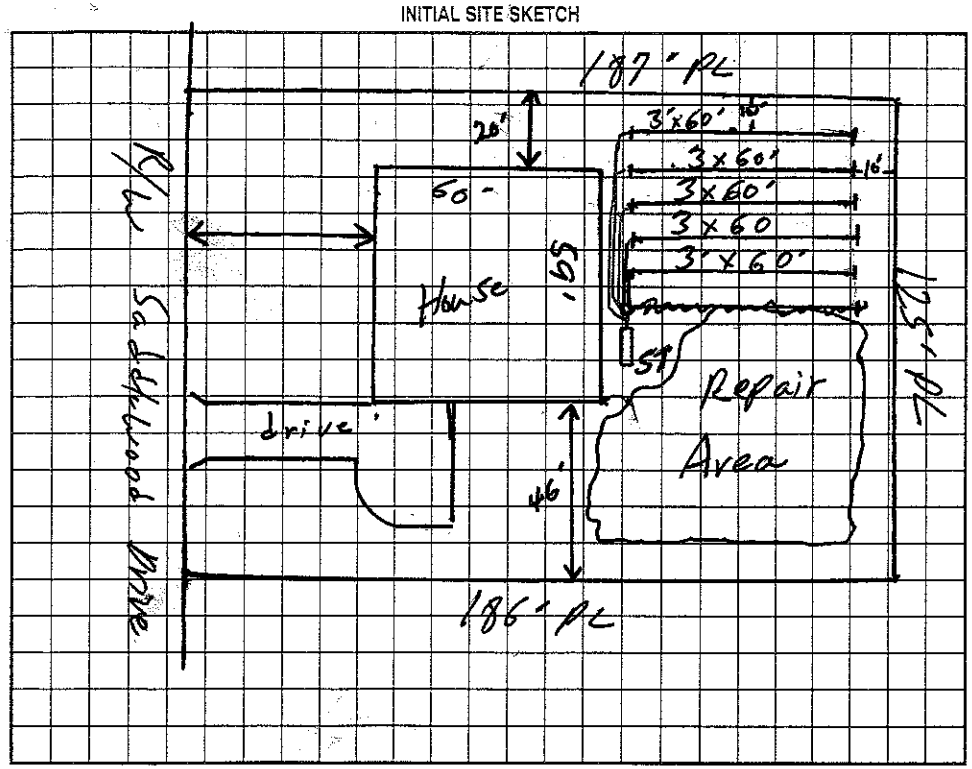
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Tuff-Tite Filter + ST marker Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown per Initial Site 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 Darcy Welsen date ____

Improvement Permit by: William O Johnson date 5/6/03

Authorization to Construct by: William O Johnson date 5/6/03

Installed by: Steve Jordan

Operation Permit by: William O. Johnson date 9/16/03

Existing System Inspection by: ____ date ____

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