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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080343 PIN# 4751 70 6026 DATE 4/15/99

OWNER OR CONTRACTOR Allen Stevenson PHONE: Business _____ Home 872-7496

ADDRESS 121 Sparks Rd. Statesville, NC. 28677

LOCATION Wind Brook Dr., 115-21 N TR Os Trinity TR Overcash Rd. TL Windbrook to 4th lot on (L)

SUBDIVISION WINDBROOK BLOCK / SECTION _____ LOT 4 LOT AREA 20,000 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8/27/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines X5 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, (II), III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Gravity - Type 3
Maintenance Agreement Required: [ ] Yes [X] No

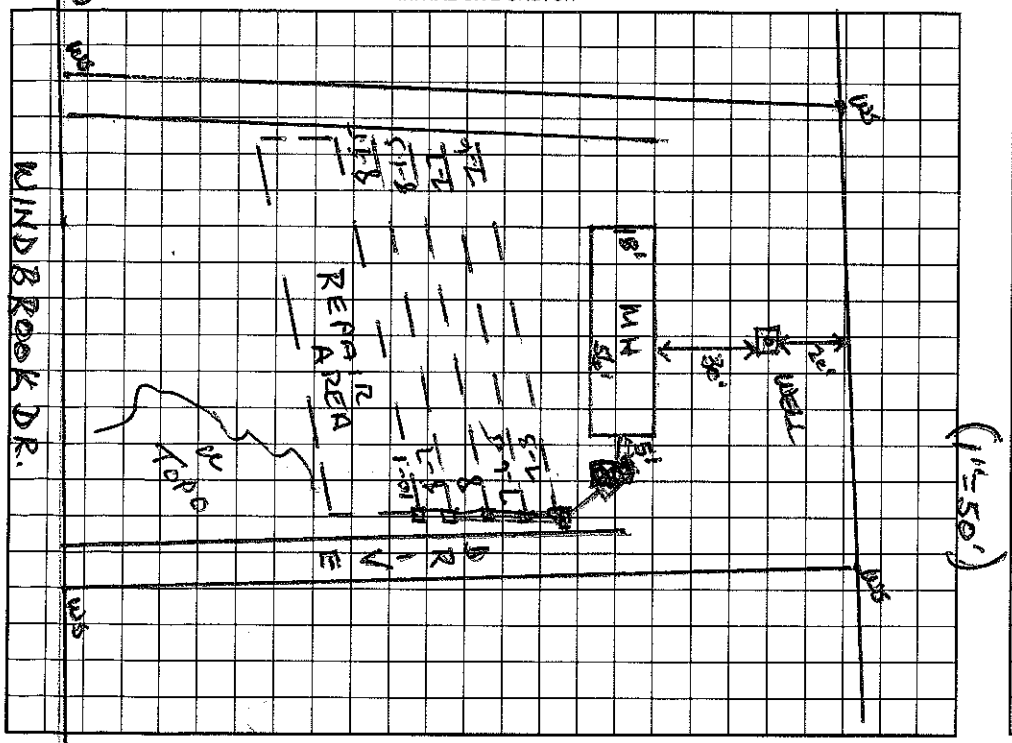
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions:

Comments:/Conditions:

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: Allen Stevenson date 4/20/99 Installed by: A-1 Backhoe

Improvement Permit by: Wesley Sparks R.S. date 4/15/99 Operation Permit by: Wesley Sparks R.S. date 11/5/99

Authorization to Construct by: Wesley Sparks R.S. date 4/15/99 Existing System Inspection by: _____ date _____

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