10:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138255 PIN# 4756-24-6683 DATE 09/30/06

OWNER OR APPLICANT ERIC MEDLIN PHONE: Business Home 704-876-4269

ADDRESS 489 JANE SOWERS RD. STATESVILLE, NC

LOCATION HWY 21 NORTH, R JANE SOWERS RD., LOT ON LEFT JUST BEFORE BOX # 489.

SUBDIVISION WILDWOOD BLOCK / SECTION LOT 141 LOT AREA 0.463 AC. SITE CLASS. PS DESIGN FLOW 240 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 1012 Date 7-15-06

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet EQ to 800 Linear Feet 210'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 50% REDUCT., GRAV/PUMP

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 2 No. Persons No. Employees

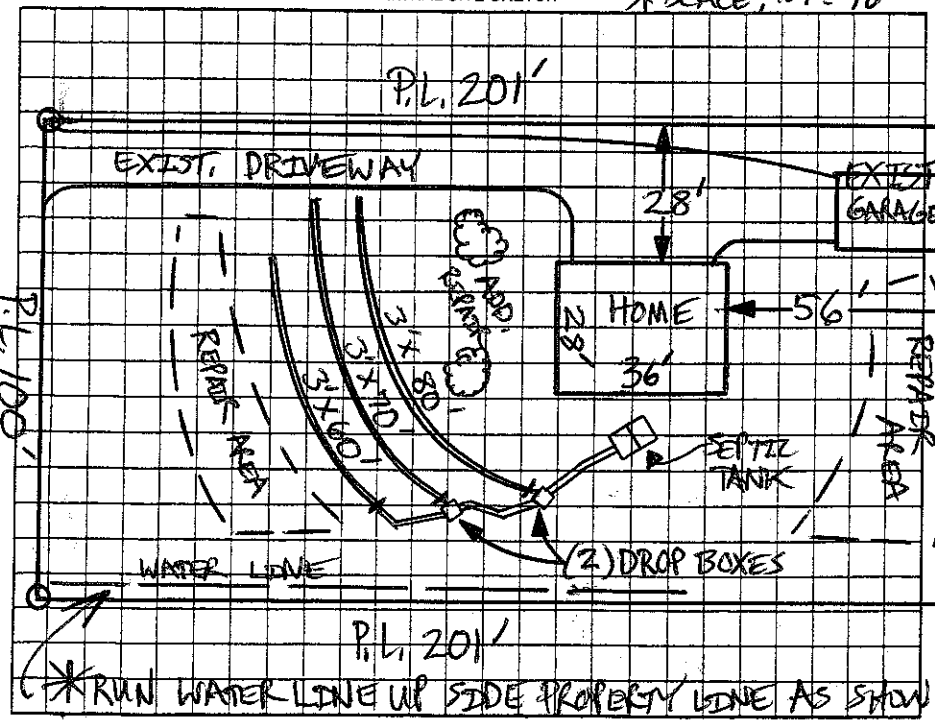
Water Supply: ☐ Individual ☒ Public ☐ Community

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

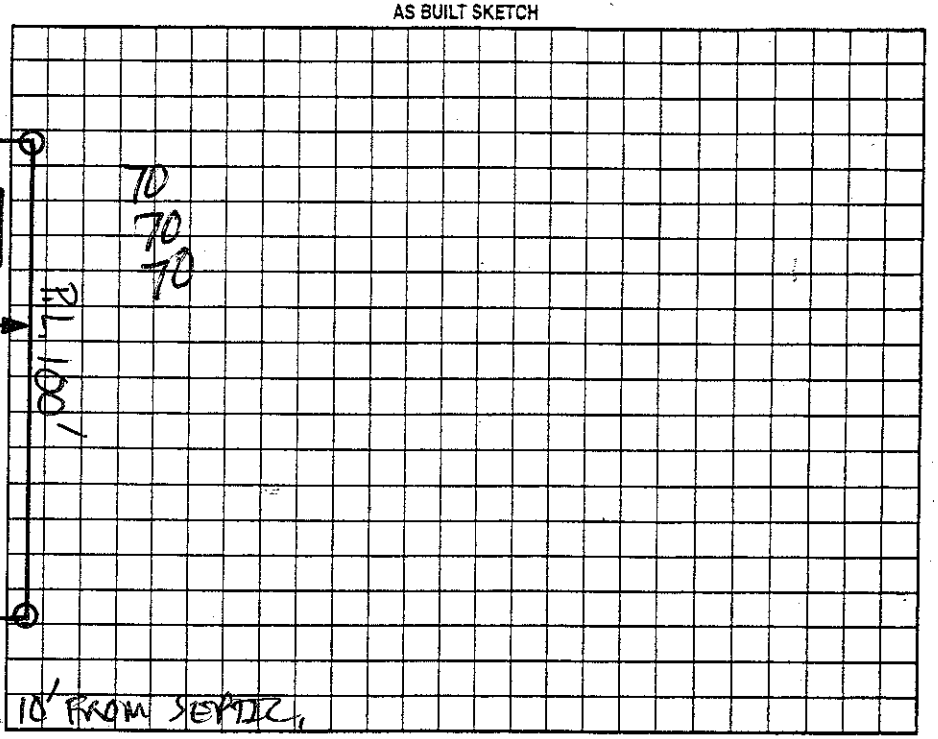
Comments:/Conditions:

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INITIAL SITE SKETCH *SCALE: 1" = 40'



AS BUILT SKETCH



*RUN WATER LINE UP SIDE PROPERTY LINE AS SHOWN, 10' FROM SEPTIC.

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: Eric Medlin date 10-2-06 Installed by: Groundbreakers

Improvement Permit by: date 10/02/06 Operation Permit by: date 5-5-10

Authorization to Construct by: date 10/02/06 Existing System Inspection by: date

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