*THIS PERMIT REPLACES PREVIOUS PERMIT ISSUED ON 09/28/04.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (I) MOORESVILLE 704-664-5281

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

PERMIT# 137426 PIN# 4764-46-6037 DATE 09/01/06

OWNER OR APPLICANT R+L CONSTRUCTORS, LLC PHONE: Business 704-880-8219 Home

ADDRESS 120 WHITE DOGWOOD LN, STATESVILLE, NC 28625

LOCATION HWY 64 EAST (R) BELL FARM RD., (R) SKYLAND, (R) CARTER FRM., (R) CARSTONE CT., LOT ON RIGHT,

SUBDIVISION CARTERS FARM BLOCK / SECTION I LOT 3 LOT AREA 0.837 ACRES SITE CLASS. PS DESIGN FLOW 360GD L.T.A.R. 0.24 GPD/FT²

Septic Tank: 1,000 Gallons; STB 1012 Date 9/6/06
Pump Tank: 1,000 Gallons; PT 170 Date 2-14-07
Pump Make: Goulds Model WE3512HU Serial No.
Nitrification Field: No Fields 1 Square Feet EQ to 1,500 Linear Feet 380'
No Lines 4@95' Trench Width 36" Max Trench Bottom Depth 24"

(X) New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUC., PUMP
Repair System Description: 25% REDUC., LOW PRESS.
Maintenance Agreement Required: ☐ Yes (X) No
Gravel Depth N/A ☐ Gravity (X) Pressure ☐ Slab (X) Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

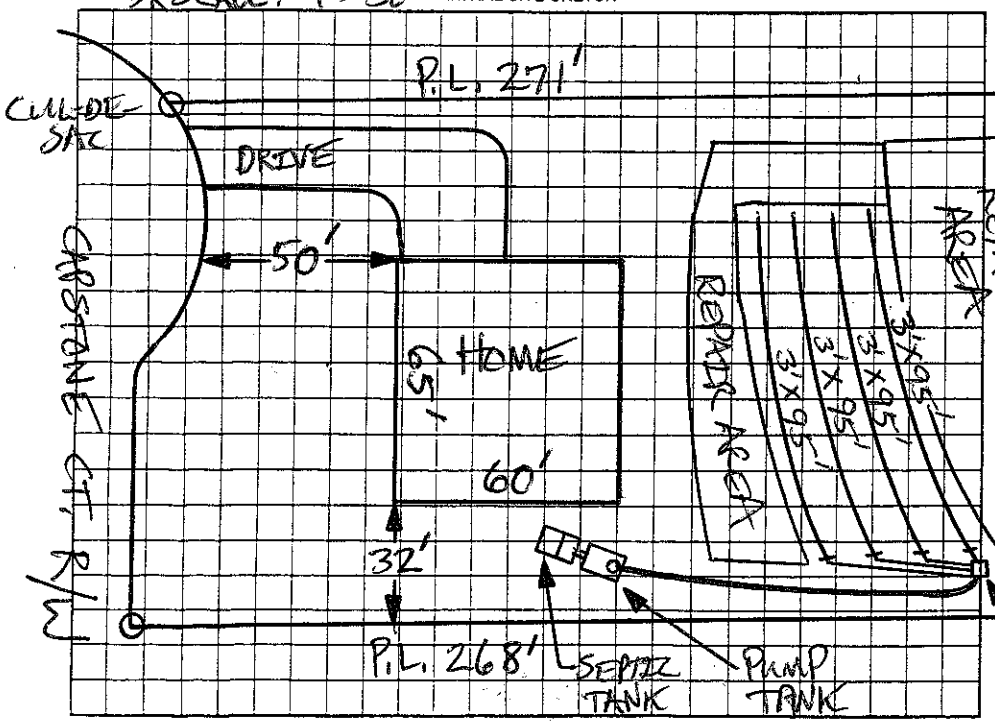
(X) House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual (X) Public ☐ Community

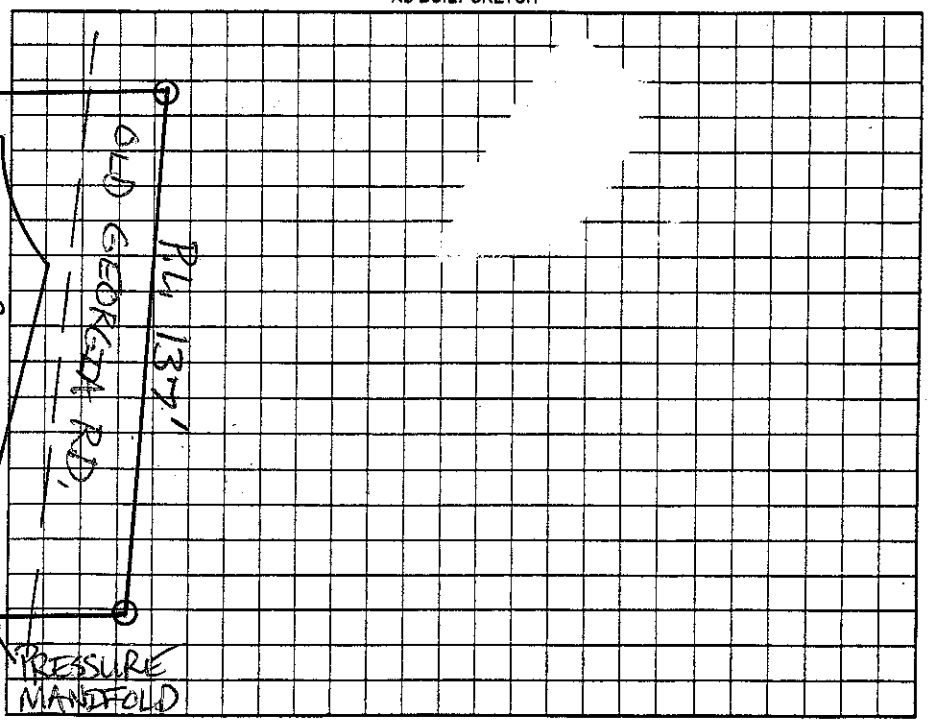
Comments:/Conditions: (1) MAX TRENCH BOTTOM DEPTH OF 24"; (2) SEE ATTACHED PUMP & PRESSURE MANIFOLD DIAGRAMS FOR INFO.

Comments:/Conditions:
Yellow tag to tank
Septic tank marker
Drop risers

*SCALE: 1" = 50' 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 (X) Improvement Permit with site plan valid for sixty months (X) Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

(*) Signed: [signature] date 09/11/06 Installed by: Steve Morgan

Improvement Permit by: [signature] date 09/01/06 Operation Permit by: [signature] date 4-19-07

Authorization to Construct by: [signature] date 09/06/06 Existing System Inspection by: date

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