IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88243 PIN# 4765 48 1519 DATE 3-21-00

OWNER OR CONTRACTOR [redacted] C.E. Mitchell PHONE: Business [redacted] Home 878 2455

ADDRESS [redacted] 2998 WEST MEMORIAL HWY Union Grove, NC 28689

LOCATION 64E to Riverhill to Partridge TR Sparrow at 1st RT.

SUBDIVISION [redacted] BLOCK / SECTION ____ LOT 70 LOT AREA .44 acres SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 824 Date 1-20-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I II III IV V VI ~~VII~~ Mnd.
System Description: Gravity ~~2 Pump Pkgs~~
Repair System Description: 11 panels
Maintenance Agreement Required: ☐ Yes ☐ No

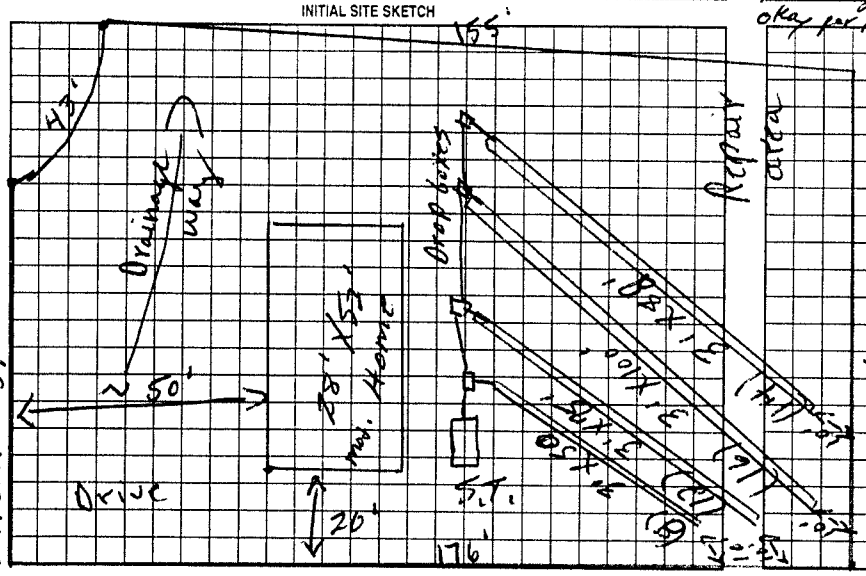
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

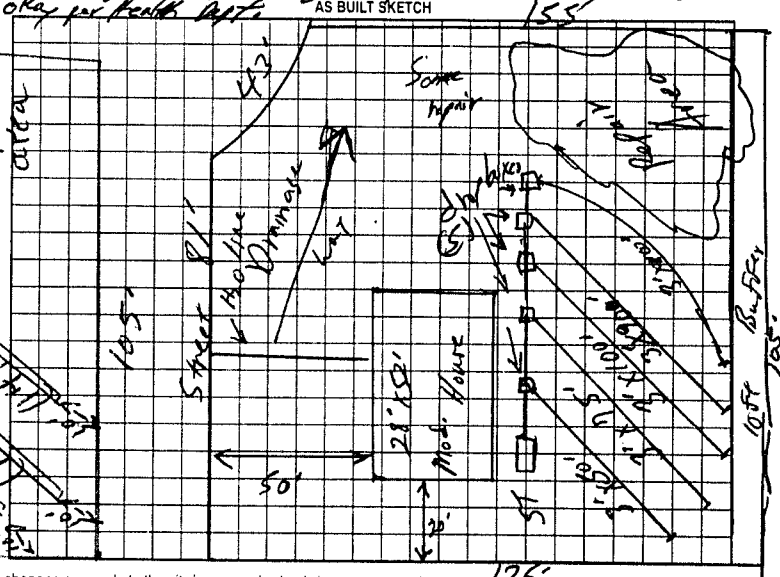
Comments/Conditions:

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Installed poly Lok filter
- Installed 5th line to make system
Have enough footage for gravity Contract (Not to scale)
okay per Health Dept.

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: [redacted] date [redacted] Installed by: H.E. Houston + Sons

Improvement Permit by: J.C. Moore date 3-21-00 Operation Permit by: William A. Johnson date 6/13/01

Authorization to Construct by: J.C. Moore date 3-21-00 Existing System Inspection by: ____ date ____

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