IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094192 PIN# 4765580950 DATE 2/23/01

OWNER OR CONTRACTOR Piedmont Realty PHONE: Business (704) 872-0179 Home

ADDRESS 5551 Monroe Rd Charlotte NC. 28212

LOCATION Hwy 64 E. to Riverhill Rd, to Evergreen on Right

SUBDIVISION Evergreen BLOCK / SECTION — LOT 28 LOT AREA .64 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1,000 Gallons: STB 1012 Date 2-15-01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet equivalent to 1200 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth —

[X] New System [ ] Repair System Type: I II (III) IV V VI
System Description: 25% Reduction - Gravity
Repair System Description: 50% Reduction ~~Gravity~~ Pump
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

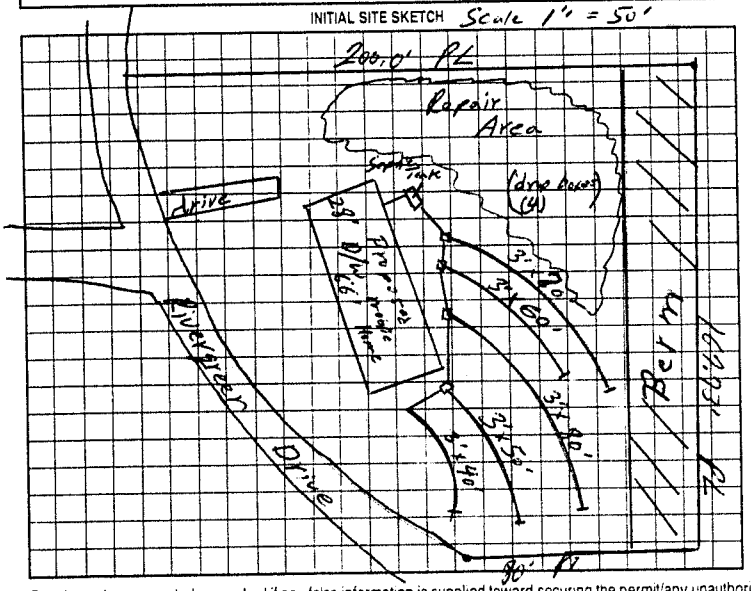
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees
[ ] Other

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

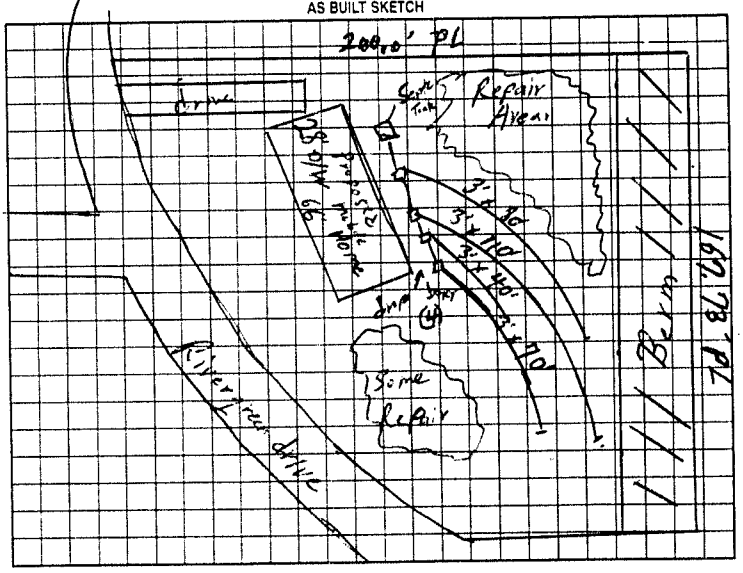
Comments/Conditions: ① Do not install when wet ② Use 25% Reduction System either - HDES Section or Chambers w/Contour Wedges + drop boxes

Comments/Conditions Installed Polylok Filter / Installed Septic tank marker / Installed 30ft of HDES Sections * Set House 5ft back From double Orange Flags

INITIAL SITE SKETCH Scale 1" = 50'



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: [signature] date 2-23-01 Installed by: Dennis Gallihar

Improvement Permit by: William O. Johnson RSI date 2/23/01 Operation Permit by: William O. Johnson RSI date 4/4/01

Authorization to Construct by: William O. Johnson RSI date 2/23/01 Existing System Inspection by: date

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