IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $225 (300-330) MOORESVILLE 704-664-5281

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

PERMIT# 073098 PIN# 4771 32 0781 4771320951 DATE 8/16/00

OWNER OR CONTRACTOR Bradley S. Hall PHONE: Business _____ Home 528-4258

ADDRESS 1182 Triplett Rd. Cleveland, NC. 27013

LOCATION Triplett Rd. on (R) ~1/10 mile before Oasalt Amity intersection 1169 Triplett Rd

SUBDIVISION No BLOCK / SECTION No LOT No LOT AREA > 20,000 FT² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 1/12/01
Pump Tank: 1000 Gallons; PT 27 Date 2/7/01
Pump Make: HYDROMATIC Model SHEF46A1425 Serial No. 200 475
Nitrification Field: No Fields 1 Square Feet ~~440~~ Linear Feet ~~400~~
No Lines ~~4~~ 5@95 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI
System Description: PressMan — Conventional
Repair System Description: None
Maintenance Agreement Required: [ ] Yes [X] No

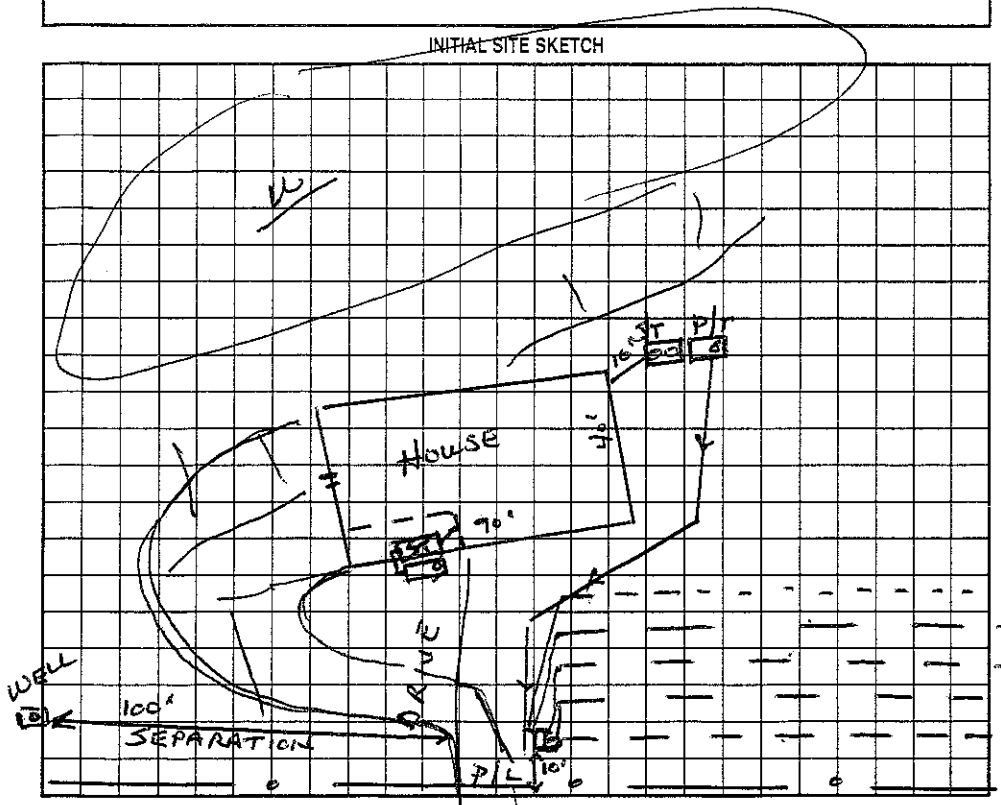
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

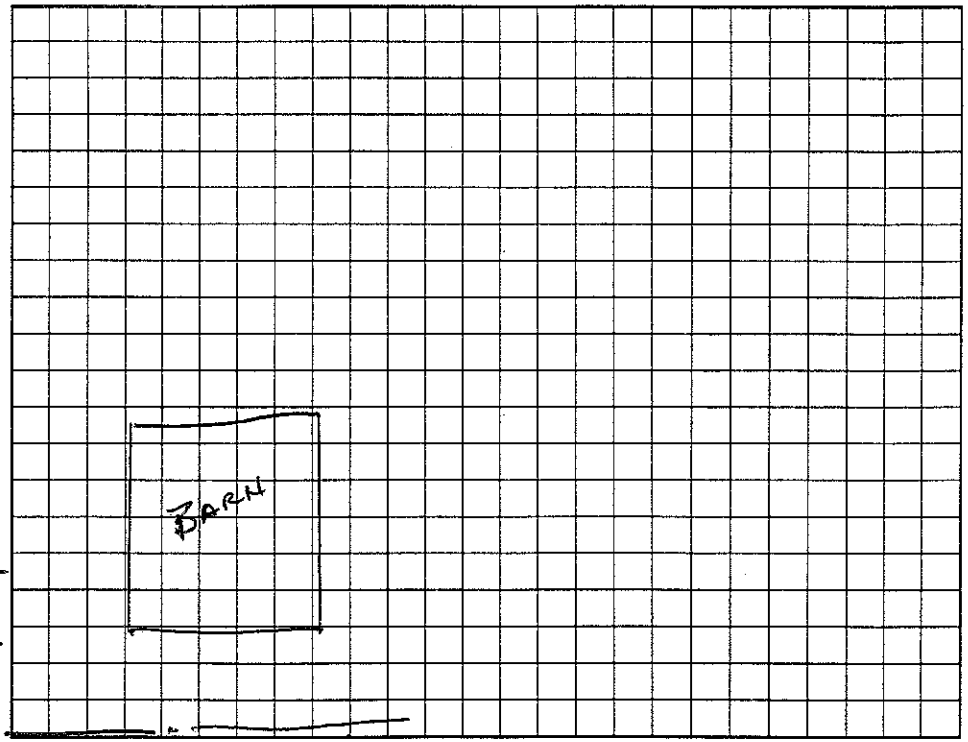
Comments/Conditions: 3/14/01 - Changed to 5 lines at 95' x 3' off Pressure Manifold. AWS

Comments/Conditions: Lines, Pressure, Tanks

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: X Bradley S Hall date _____ Installed by: Marty Tucker

Improvement Permit by: Wesley Sparks RS. date 8/10/00 Operation Permit by: [signature] RS date 5/23/01

Authorization to Construct by: Wesley Sparks RS. date 8/10/00 Existing System Inspection by: _____ date _____

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