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THIS PERMIT REPLACES PREVIOUS ISSUED 5-1-2006

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4772-31-3170 DATE 7-14-2006

OWNER OR APPLICANT JOHN V. & WANDA REDDEN PHONE: Business 704-528-1893 Home 704-664-3121

ADDRESS 764 TRIPLETT ROAD, CLEVELAND, NC 27013

LOCATION US 70 EAST, TR TRIPLETT ROAD, ON RIGHT AT BOX #764 JUST BEFORE ROWAN ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.86 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons; STB 1012 Date 11-2-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 180

No Lines 4 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

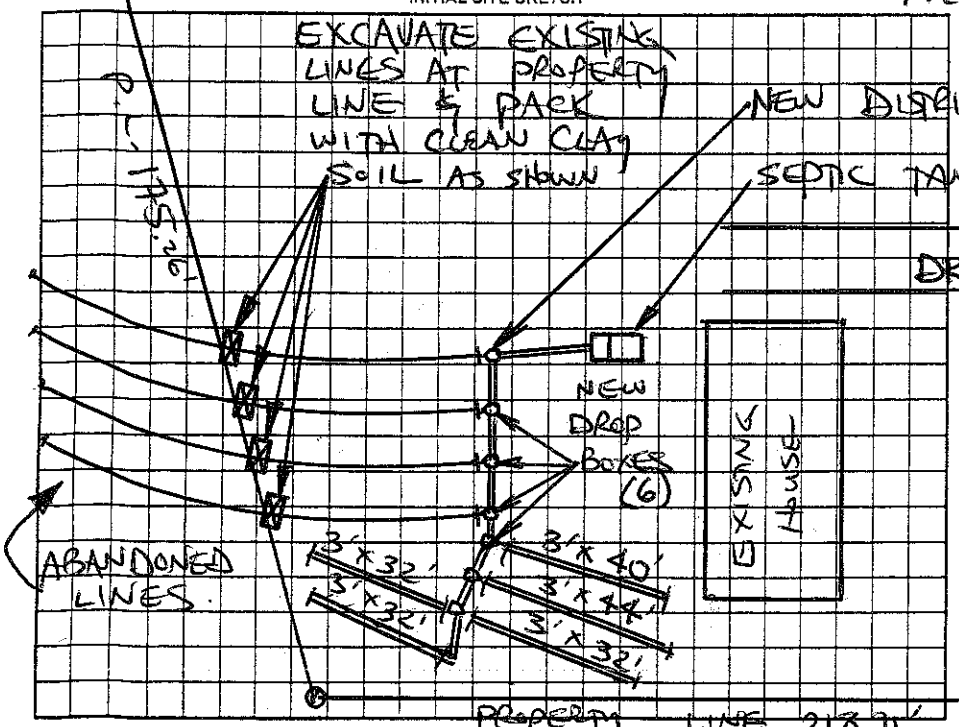
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

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

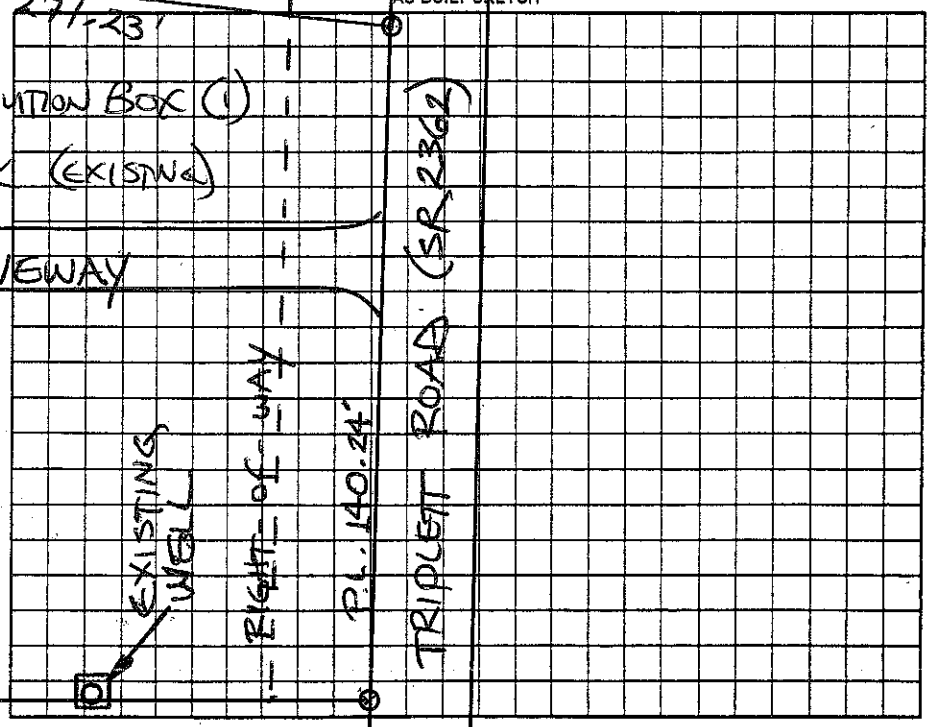
Comments/Conditions: ① A RECORDED EASEMENT SHALL BE OBTAINED PRIOR TO ISSUANCE OF AUTHORIZATION TO CONSTRUCT. ② INSTALL NEW LINES AS SHOWN USING 25% REDUCTION SYSTEM

Comments/Conditions:

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: John Redden date _____

Improvement Permit by: STEVE HEDRICK date 7-14-06

Authorization to Construct by: _____ date _____

Installed by: Steve Jordan

Operation Permit by: _____ date 8-3-06

Existing System Inspection by: _____ date _____

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