IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134042 PIN# 4775114860 DATE 3-20-06

OWNER OR APPLICANT ~~Related Group Incorporated~~ Diane Rhoades PHONE: Business 704 895 7459 Home

ADDRESS 200 New Salem Rd.

LOCATION Hwy 64 East, right New Salem, property on right

SUBDIVISION Campbell Glen BLOCK / SECTION 1 LOT 11 LOT AREA .832 SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1007 Date 3-7-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 480
No Lines ____ Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction Gravity
Repair System Description: 25% Reduction Gravity
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth n/a ☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons ____ No. Employees ____

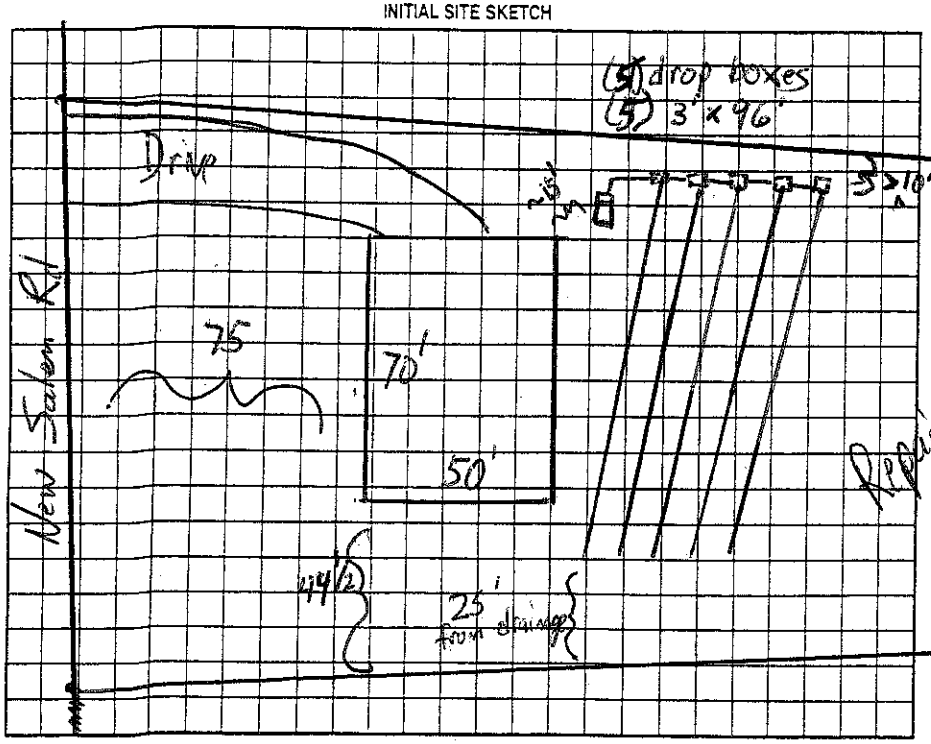
Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

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Brown Site

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: [signature] [signature] 5/19/08 date 3/31/06 Installed by: K & M Grading

Improvement Permit by: [signature] date 3-20-06 Operation Permit by: [signature] date 6-3-08

Authorization to Construct by: [signature] RS. date 19 May 08 Existing System Inspection by: ____ date ____

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