IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106844 PIN# 4986-15-1895 DATE 6/28/02

OWNER OR CONTRACTOR Randy Treacy PHONE: Business — Home (704) 872-7761

ADDRESS 130 Hunter Road Statesville N.C. 28677

LOCATION Hwy 64 E, (2) Fifth Creek, (R) ~~Hunter~~ on Garris (2) on Blueberry Drive, at cul-de-sac on Left.

SUBDIVISION Blueberry Hill BLOCK / SECTION 2 LOT 22 LOT AREA 2.63 Ac SITE CLASS. #5 DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1,000 Gallons; STB 1007 Date 3-28-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Easy to Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 300'
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: County 25% Reduction
Repair System Description: Hoff 25% Reduction
Maintenance Agreement Required: [ ] Yes [X] No

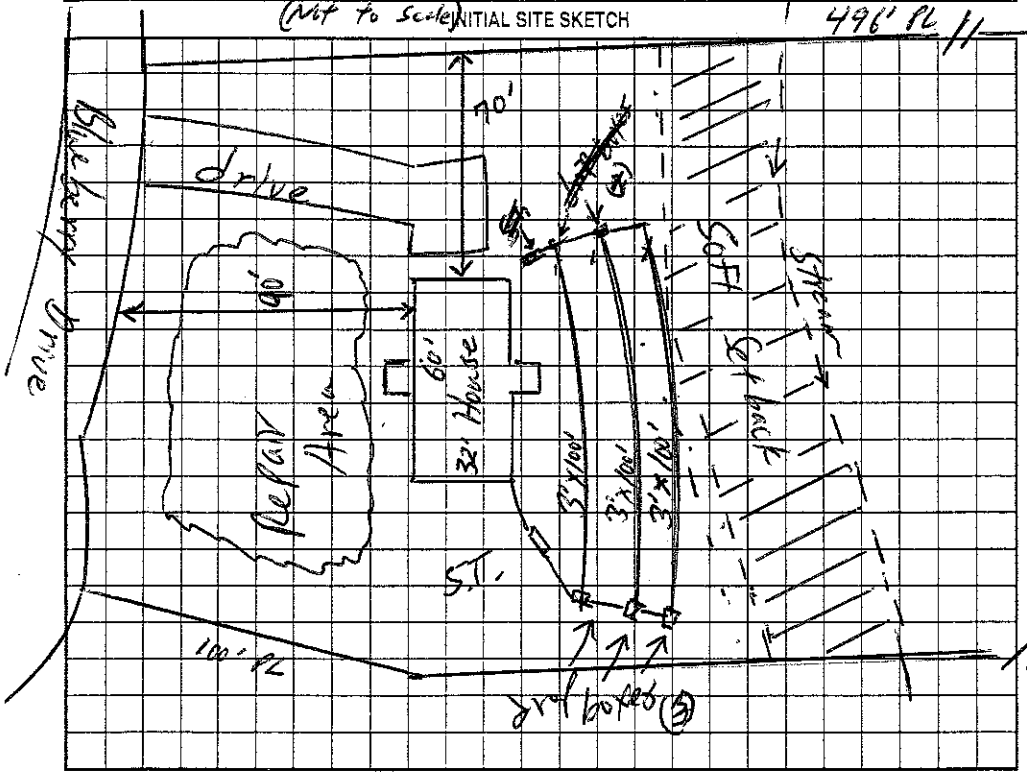
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

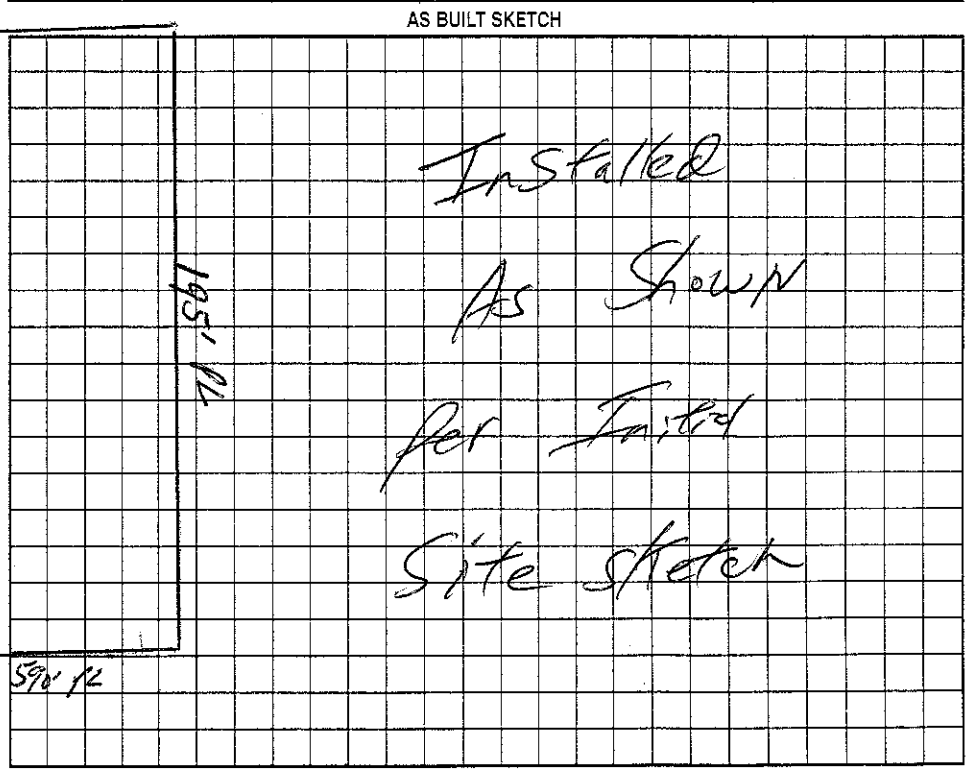
Comments/Conditions: (1) Keep System 50 ft From Stream (2) Maintain proper Setbacks (3) Install Lines on Contour

Comments/Conditions: Okay to move Septic Tank per HD employee – poly lok filter & S.T. marker installed – 48 Infiltrator Chambers Installed

(Not to Scale) 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: Marsha Neal date 8/9/02 ~~Installed~~ by: William O. Johnson 6/11/03

Improvement Permit by: William O. Johnson date 8/14/02 Installed ~~Operation Permit~~ by: Sammy Shoemaker date ____

Authorization to Construct by: William O. Johnson date 8/14/02 Existing System Inspection by: ____ date ____

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