IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094392 PIN# 4861 22 55 41 DATE 1/19/01

OWNER OR CONTRACTOR Habitat for Humanity PHONE: Business (704) 871-0409 Home —

ADDRESS P.O. Box 1628 Statesville NC 28687

LOCATION 2nd Creek, on Tabor Rd, on Speaks, on left

SUBDIVISION Taggett Farms BLOCK / SECTION — LOT 14 LOT AREA .66 SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 4000 Gallons; STB 160 Date 4-5-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 343
No Lines Se 70' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I II III IV V VI
System Description: Crowns, Conventional
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Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

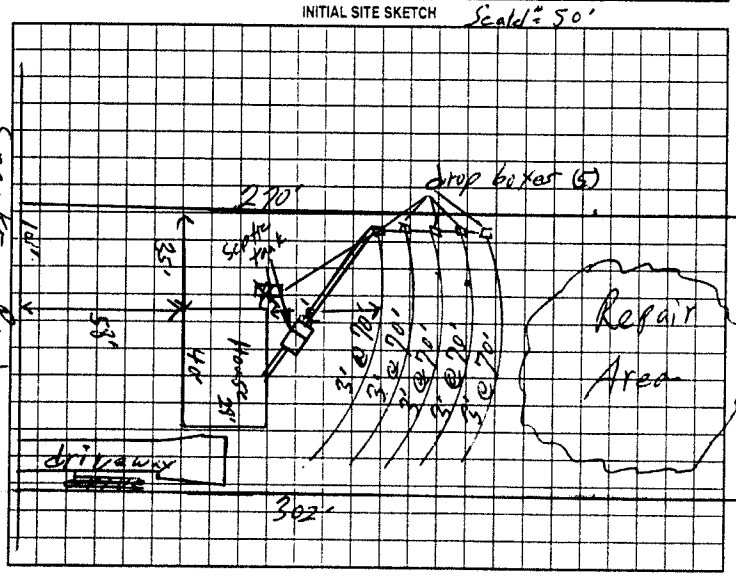
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

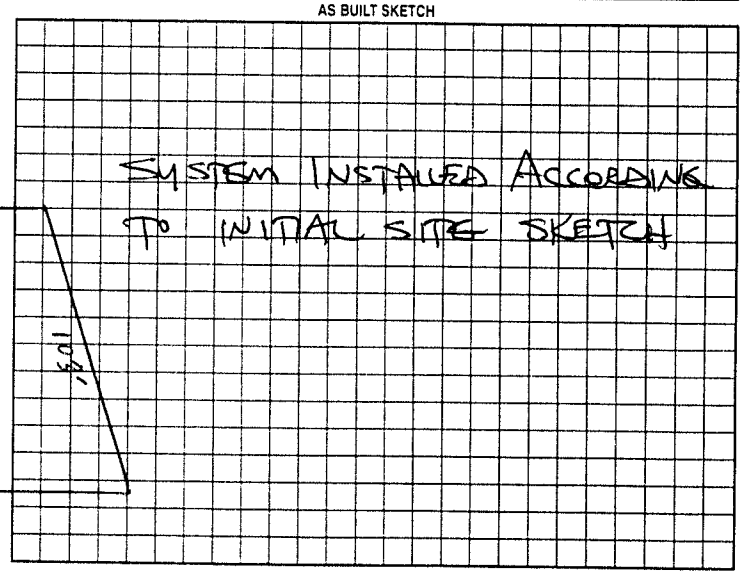
Comments/Conditions: Do not Install when wet (2) Keep Septic lines 10' Ft From property line (3) Install System on contour

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABER" FILTER

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: _____ date 2-20-01 Installed by: DAVID UMBARGER

Improvement Permit by: William O. Johnson (RSI) date 1/19/01 Operation Permit by: STEVE HEDRICK date 5-24-01

Authorization to Construct by: William O. Johnson (RSI) date 1/19/01 Existing System Inspection by: _____ date _____

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