File Number: 01-1491
System Type: ~~IIIb~~ pump 25% Red.

Insp permit # 01-2856

Davidson County Health Department
Operations Permit

Jimmy Lively
Applicant's Name

5360 Muirfield Dr
Subdivision/Section/Lot #

Lex NC 27295

Rhoads
Wastewater System Installer

R Hall Jones R.S
Authorized State Agent

4-8-02
Date

Permit Conditions:
pump trucks every 3-5 years
Clean filter every 3 years

nothing in Tank as of 2-26-02 RHS

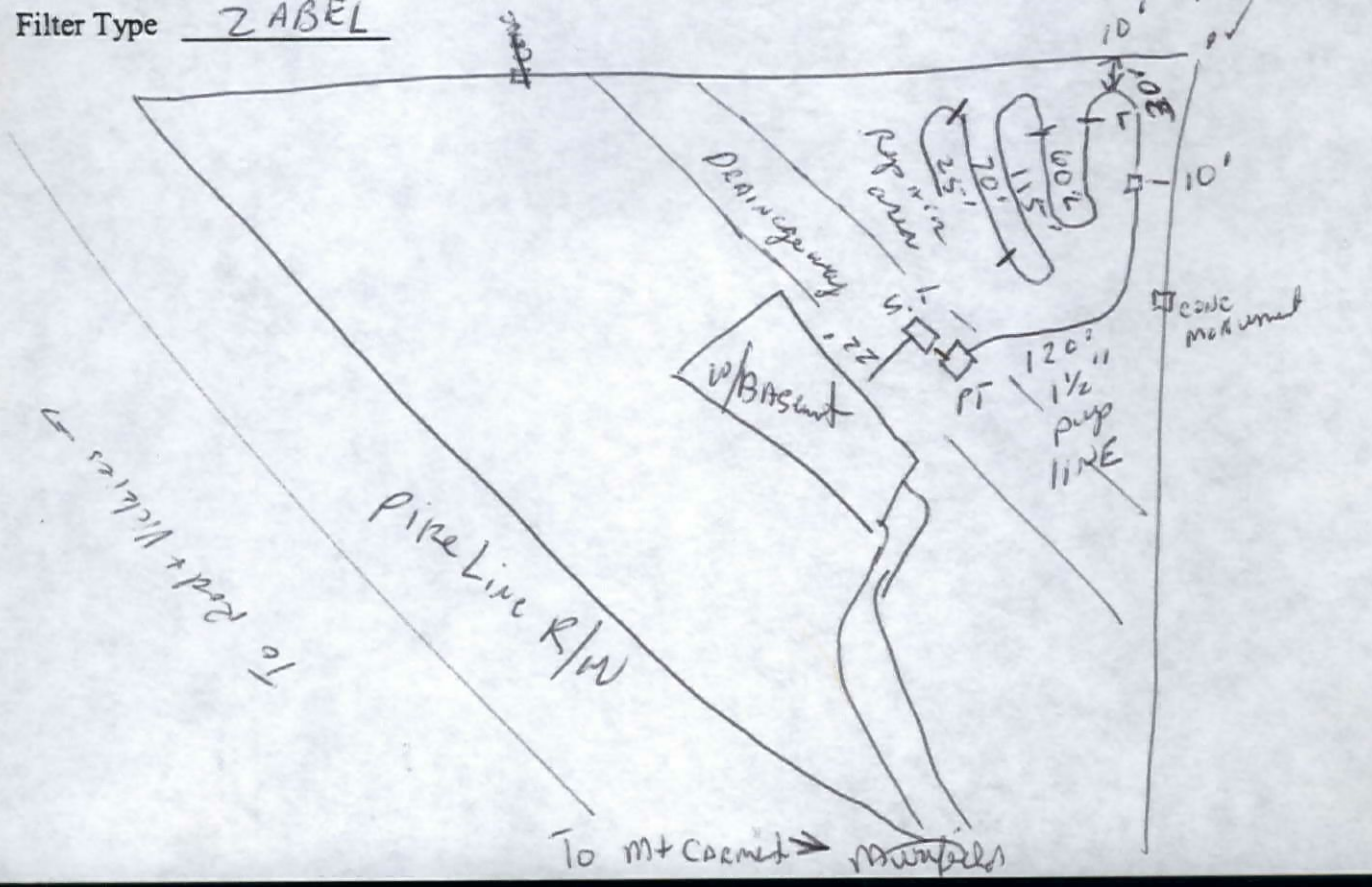
Septic Tank Rhoads 1000 S.T. 1-15-02 <6" Dep

Nitrification Field (Sq. Ft.) Equiv to 1200 300'

Pump Tank Shoaf one piece 11-28-01

Nitrification Line (Linear Ft.) ~~222~~ 222 L4 W/PIPE

Filter Type ZABEL



Davidson County Health Department
Improvement Permit

Rhodes
330

If the information on the Improvement Permit is falsified, changed or the site is altered, then the Improvement Permit shall become invalid.

Permit is Valid for Five Years: **No Expiration date:**

10-29-01 Date Rec. Map Code: File No.: 2001 / 1491

LIVELY JIMMY W
Applicant

501 EAST CENTER STREET
LEXINGTON NC 27292
Address

Daytime Phone 336 249-0126

LIVELY JIMMY W
Owner/Legal Representative

Address

Daytime Phone

CAROLINA PINES 25 5A 18 TYRO
Subdivision Map Lot Sec. Township

OLD 29 SOUTH T/L ON MUIRFIELD AT END OF PAVEMENT ON RIGHT
MUIRFIELD RO
Road Name Specific Directions to Property

Facility Type: H New X Repair Expansion Water Supply PUBL
No. of Bedrooms: 3 No. of Occupants: Basement NO Basement Fixtures
No. of Employees: Other: Projected Daily Flow 360 gpd

Pump: Yes ✓ No Proposed Wastewater System Type: IIIb,g Pump to 25% Reduction / IIIb,e pump to 50% Reduction Repair
Permit Conditions: No Grading in System Areas

Permit Granted: ✓ Permit Denied: Authorized State Agent James O Priddy Jr Date 11-2-01

Owner/Legal Representative's Signature: Neal Cowan Agent Date 11-5-01

Authorization To Construct Wastewater System

The Authorization for Wastewater System Construction is subject to revocation if the site plan or plat changes, the intended use of the property changes, or if the site is altered or is misrepresented in any way.

Type of Wastewater System: IIIb,g Pump to 25% Reduction / IIIb,e pump to 50% Reduction Repair Projected Daily Flow: 360 gpd

Wastewater System Requirements

Tank Size: ≥ 900 gal Pump Tank Size: ≥ Septic tank Square Footage: 1200 ft² EQ
Trench Length: 300 FT Max. Trench Depth: 36" Trench Width: 3 FT
No. of Trenches: Aggregate Depth: GRAVELESS
Permit Conditions: INSTALL ON CONTOUR, MAINTAIN ALL SETBACKS (10' FROM H2O AND PROPERTY LINES, 5' FROM CRAWLSPACE FOUNDATION, ETC.) STAY OUT OF DRAINAGEWAY W/ SYSTEM AND REPAIR

See Site Plan / Plat On Attached Sheet

Permit Granted: ✓ Permit Denied: Authorized State Agent James O Priddy Jr Date 11-2-01

Owner/Legal Representative's Signature: Neal Cowan Agent Date 11-05-01

Printed DATE: 10/29/01 AT 2:21PM 1 037 JAP

Site Plan

JIMMY LIVELY — Applicant's Name

2001-1491 — File Number

CAROLINA PINES I — Subdivision

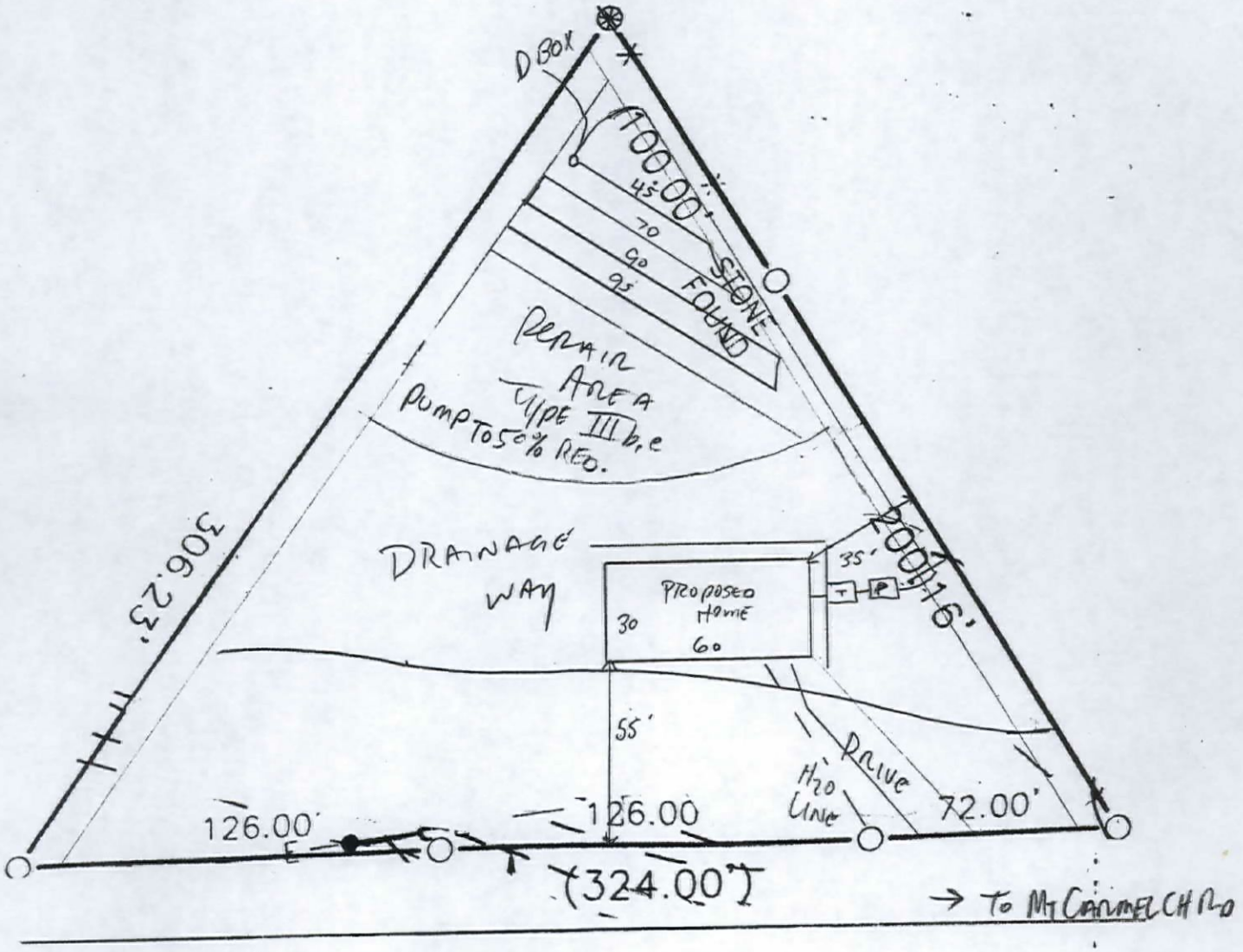
LOT 59 — Section

MURFIELD DR — Lot #

James A Prichett — Authorized State Agent

11-2-01 — Date

System components represent approximate contours only. The contractor should flag the system prior to beginning the installation to insure that proper grade is maintained.



Scale: 1:50

Davidson County
Health Department
Diane D. Crouse, B.S.N., M.P.A.
Health Director

NOTICE OF CONDITIONS ON THIS PERMIT
FILE NUMBER

2001-1491

This septic tank system requires a pump. A condition of this permit is that the pump is **tested** and **approved** before moving into the home or business. Your septic tank contractor will probably install your pump, but **not wire** it. This requires a licensed **electrician and an Inspection by the building Inspector.** This may create a lag time between the installation of the septic tank and when the pump can be tested.

YOU ARE RESPONSIBLE TO DO THE FOLLOWING:

---Fill the pump tank (tank with the manhole) with water up to the **first float** on the pump pipe; this can be done with a garden hose.
---Provide a drop cord to run the pump.
---**Call** the Health Department when this is done.

DO NOT WAIT UNTIL YOU ARE READY TO MOVE IN TO DO THIS!

You can not get **final electrical power or move in** until this is done and there can be problems or changes that must be made.

NAME Jimmy Livey DATE 11-2-01

Owner/Authorized Agent DATE 11-5-01

Lexington Office
P.O. Box 439
Lexington, NC 27293-0439
(910) 242-2300

Thomasville Office
203 Old Lexington Road
Thomasville, NC 27360

File Number # 2001-1491

List of Wastewater Systems Approved for Installation in North Carolina

1. Conventional system (has gravel and plastic pipe)
2. Shallow placement conventional (12" – 23" trench bottom)
3. Large Diameter Pipe (____ inch)
4. PPBPS
   a. The T&J Panel Wastewater Treatment System (704-924-8600)
5. Saprolite (list distribution method)
6. Low Pressure Pipe (LPP)
7. Fill (gravity or LPP distribution)
8. Aerobic treatment unit (list distribution method)
9. Experimental and Innovative Systems
   a. Chambered Systems
      1. Biodiffuser (1-800-873-2337)
      2. Cultec (1-800-428-5832) (703-497-2119)
      3. Hancor (1-888-367-7473)
      4. Infiltrator (1-800-221-4436)
   b. Polystyrene Aggregate
      1. EEEZZZ Lay (1-800-614-5230) pager
   c. Pressurized dosed sand filter (Mike Hoover 919-515-7305)
   d. Subsurface wastewater drip system
      1. Perc Rite Drip System (919-779-6301)
   e. Puraflo Peat Biofilter System Bord Na Mona (1-910-547-9338)

The Law requires that you select a wastewater system type with the application for an Authorization to Construct Wastewater System. Select one system type that you prefer from the Wastewater system types listed above. **(SELECT ONLY ONE)**

Mark Cagle Agent
Applicant/Legal Representative's Signature

11-5-01
Date

Davidson County
Health Department

Diane Crouse, B.S.N.,M.P.A.
Health Director

FILE NUMBER 01-1491

PUMP SYSTEMS CHECK LIST

1. Approved pump tank Sharp # one piece P.T. Manu. _____
2. 24 hour water test Yes N/A No ____ leakage _____ inches
3. Pump tank sealed N/A material _____
4. Union _____ 3 combo ✓
5. Check Valve Yes ____ No ____
6. Drawdown 6-7 inches
7. Effluent reached distribution box 4-8-02
8. Rope or Chain Rope
9. Riser Height 6" ok
10. Tile sealed mastic
11. NEMA 4X Box ✓ Height 12" ok
12. Wires through conduit and sealed ✓
13. High water alarm ok + switch
14. Electrical inspection by: HL
15. Date Electrical inspected 4-5-02

State Agent R Hank Somers R.S.

Date 4-8-02

Lexington Office
P.O. Box 439
Lexington, NC 27293-0439
(336) 242-2300
(336) 7243803

Thomasville Office
203 Old Lexington Road
Thomasville, NC 27360
(336)474-2780

Type III Field Inspection Report

File Number: 01-1491

Date: 21 Sept 09

Name: Lively, Jimmy

Address: 5360 Muirfield

Phone Number: _____

E-mail: _____

1. Evidence of surfacing? no
2. Risers structurally sound and above grade? yes
3. Electrical box intact, above grade and sealed? yes
4. Any structures built over nitrification field? no
5. Tanks need pumping? no
6. Repair area intact? yes
7. Alarm operational? yes
8. X coordinates 1602191.75884468
9. Y coordinates 753520.53854813

Comments: _____

Inspection performed by : VMD

2001 - 001491

Davidson County Health Department

Application for Improvement Permit/Authorization to Construct

Improvement Permit X **Date the site will be ready to evaluate** immediate

Construction Authorization X **Proposed System Type (required)** _____

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENT PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THE IMPROVEMENT PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID.

APPLICANT INFORMATION

Jimmy W. Lively | 501 East Center St. Lex. | 249-0126
Permit Requested By | Address | Daytime Phone

Jimmy W. Lively | | "
Property Owner | Address | Daytime Phone

PROPERTY INFORMATION

Township Tyro 18 Tax Map 25F Lot Number 5a Road 5300 Muirfield DR

Subdivision Carolina Pines Section I Directions to site: Old 29 South, Left on Muirfield, At End of Pavement on Right,

DEVELOPMENT INFORMATION

House ✓ Manufactured Home ____ Other ____
Repair to Existing Septic Tank System ___ Expansion Of Existing System ____

Residential Info: #Bedrooms 3 Basement (Y/N) N if Y..fixtures? ___ #Occupants 2

Non-Residential Info: Type of Business ____ #Employees ____ #Seats ____
Total Square Footage of Building ____ Other ____

Water Supply: Public ✓ New Well ____ Existing Well ____ Community Well ____

Does this property: 1) Have any designated wetlands? no 2) Subject to approval by any other public agency? no Will there be any wastewater generated other than domestic sewage? no If yes…explain no

I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge. Authorized county and state officials are granted right of entry to conduct necessary inspections. **I understand that I am solely responsible for the proper identification and labeling of all property lines and making the site accessible for this evaluation.**

Property Owner/Legal Representatives Signature Neal Conner / Agent

Date 10-29-01

S-1A 10-31-01
S-4 IP
S-8 ATC > ISSUED 11-2-01 pump

File Number # 2001-1491

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        4. Infiltrator (1-800-221-4436)
    b. Polystyrene Aggregate
        1. EEEZZZ Lay (1-800-614-5230) pager
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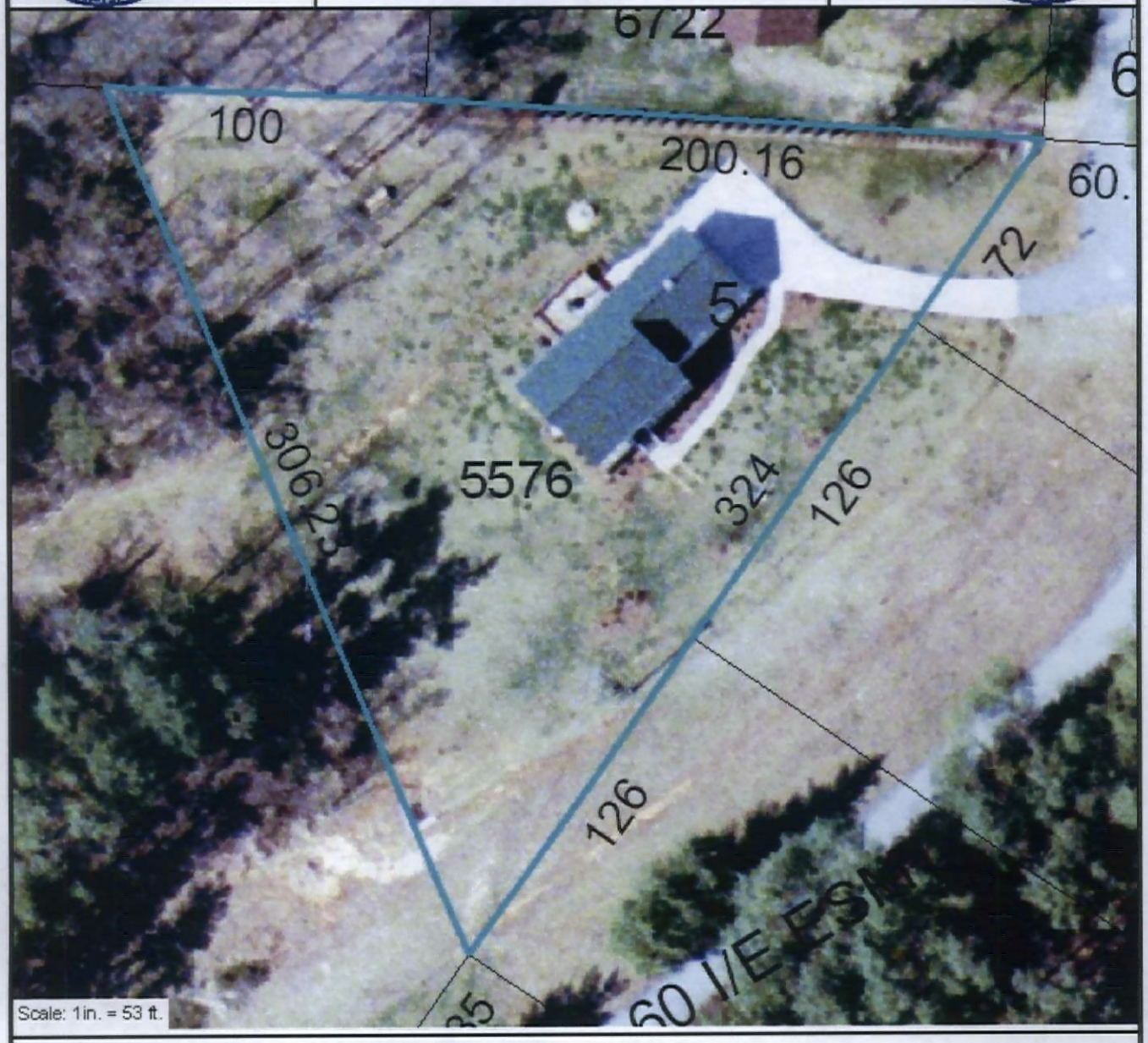
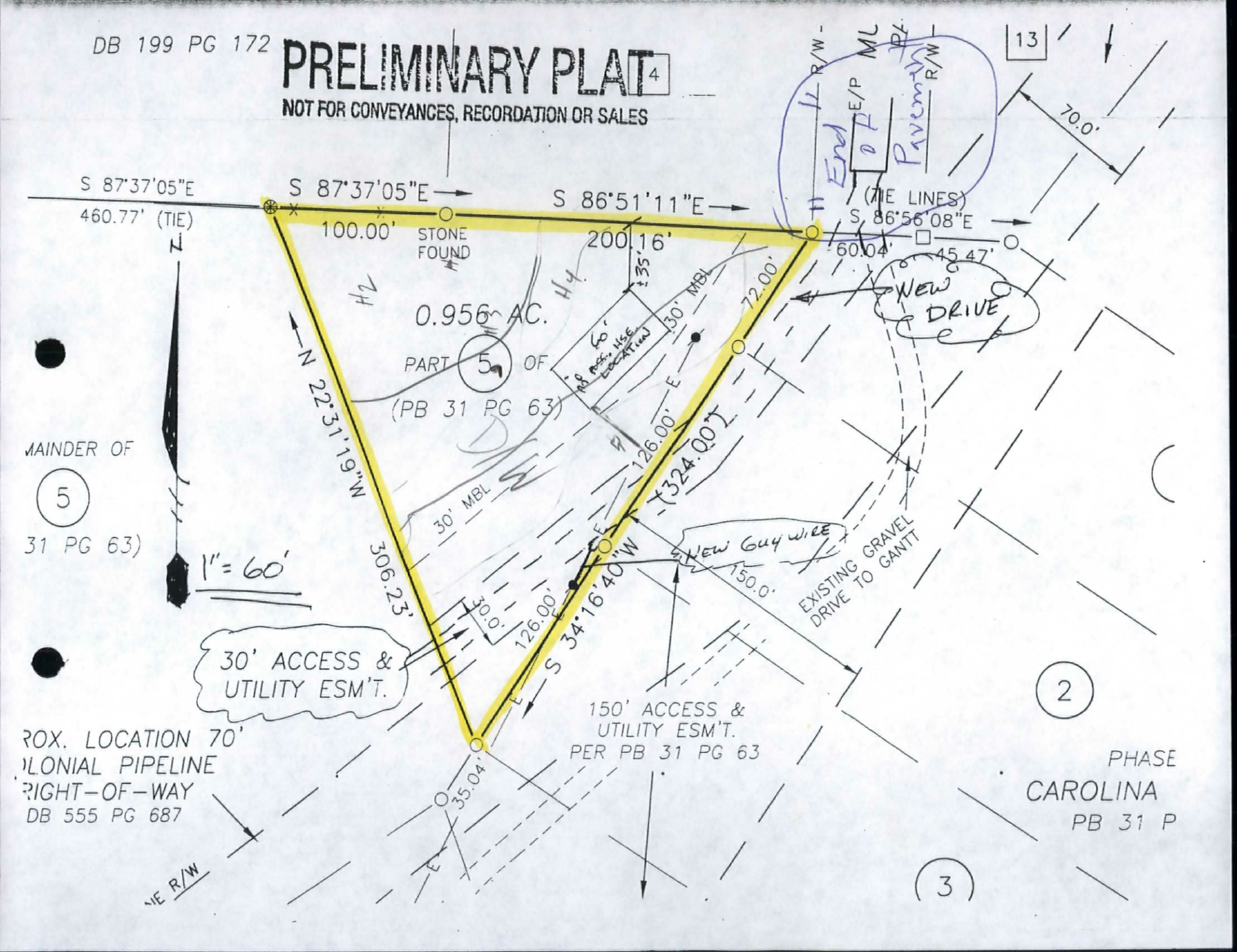
Mark Cowan — 10-29-01

Applicant/Legal Representative's Signature — Date

Davidson County GIS



Parcel Number :	18025F0000005A	**Land Units:**	0.96 AC
Pin Id :	6705-04-62-5576	**Deed Book:**	1292 **Pg:** 1449
Owner :	LIVELY JIMMY W & DELIA S 5360 MUIRFIELD DRIVE LEXINGTON NC 272920000	**Deed Date:**	01/28/2002
Property Address:	005360 MUIRFIELD DR	**Account Number:**	000009059078
Township:	Tyro	**Exempt Code:**	


DB 199 PG 172
PRELIMINARY PLAT
NOT FOR CONVEYANCES, RECORDATION OR SALES
4
13
S 87°37'05"E
460.77' (TIE)
S 87°37'05"E
100.00'
STONE FOUND
S 86°51'11"E
200.16'
(TIE LINES)
S 86°56'08"E
60.04'
45.47'
NEW DRIVE
End of Pavement
E/P
R/W
ML
0.956 AC.
PART 5 OF
(PB 31 PG 63)
60' R&P ACCESS & UTILITY ESM'T. LOCATION
30' MBL
72.00'
N 22°31'19"W
306.23'
126.00'
S 34°16'40"W
±324.00'
NEW GUY WIRE
150.0'
EXISTING GRAVEL DRIVE TO GANTT
30' ACCESS & UTILITY ESM'T.
150' ACCESS & UTILITY ESM'T. PER PB 31 PG 63
35.04'
1"= 60'
MAINDER OF
5
31 PG 63)
ROX. LOCATION 70'
OLONIAL PIPELINE
RIGHT-OF-WAY
DB 555 PG 687
2
3
PHASE
CAROLINA
PB 31 P