IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101238 PIN# 4625 94 1684. 832 4624-49-6734 DATE 9/10/03

OWNER OR CONTRACTOR Lake Norman Signature Homes PHONE: Business 704-361-0402 Home

ADDRESS 311 Williamson Rd. Mooresville, NC. 28117

LOCATION 1100 TR Broad Sound Ct. on (R)

SUBDIVISION POINT BLOCK / SECTION 8 LOT 832 LOT AREA 60,279 FT² SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 80 Date 8/12/03

Pump Tank: 1500 Gallons; PT 338 Date 8/12/03

Pump Make Cox/Jones Model WEOT12MH Serial No. 0533786

Nitrification Field: No Fields 1 Square Feet 1560 Linear Feet 520

No Lines 8 @ 65' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, [III], IV, V, VI

System Description: PM - TYPE 3 DRAINFIELD

Repair System Description: PRES. DOSED 16" PPBPS

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 5

[ ] Mobile Home No. Bathrooms 4

[ ] Business No. Employees

[ ] Other

[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [X] Basement wo/plumbing

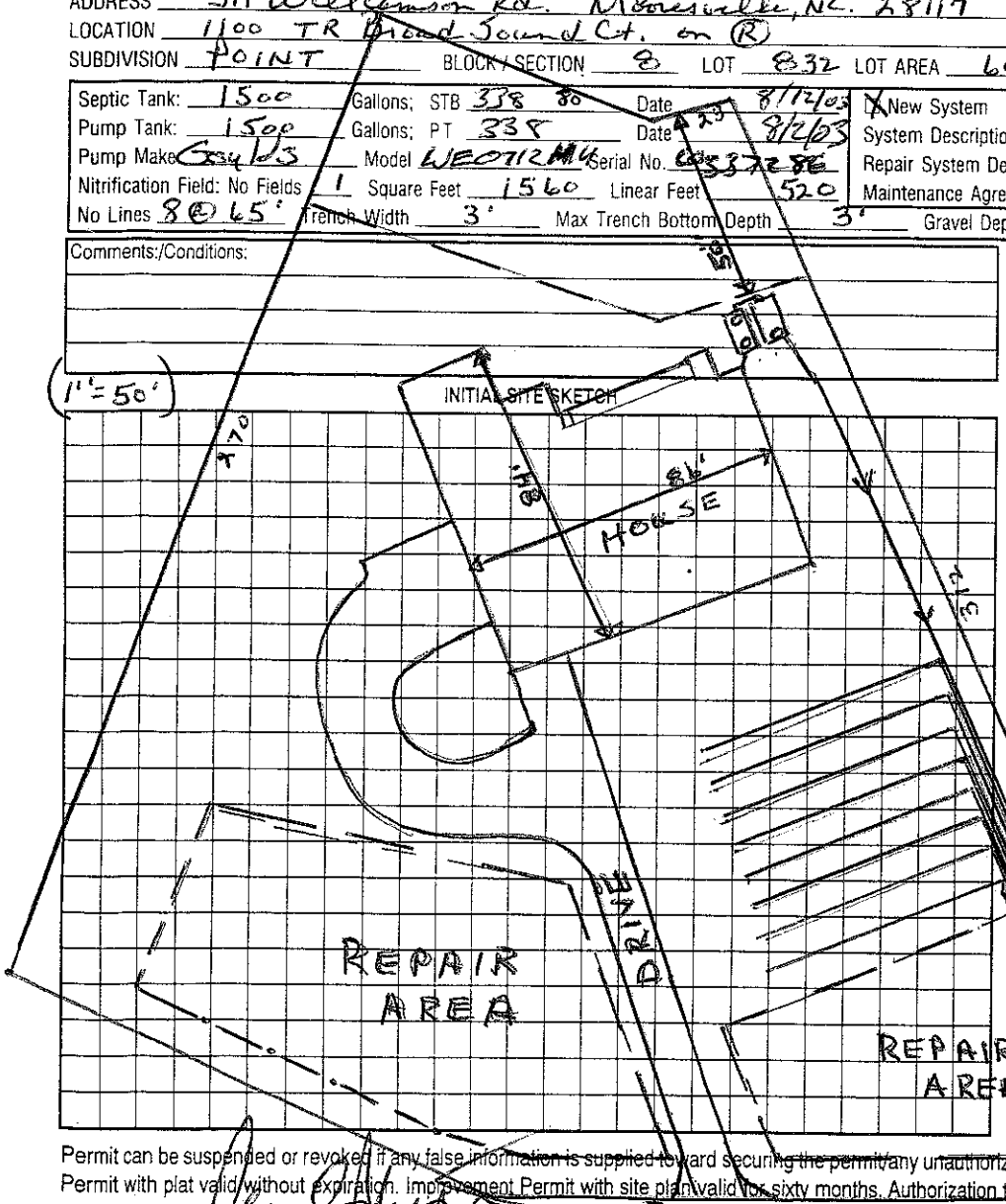
Water Supply: [ ] Individual [ ] Public [X] Community

Comments:/Conditions:

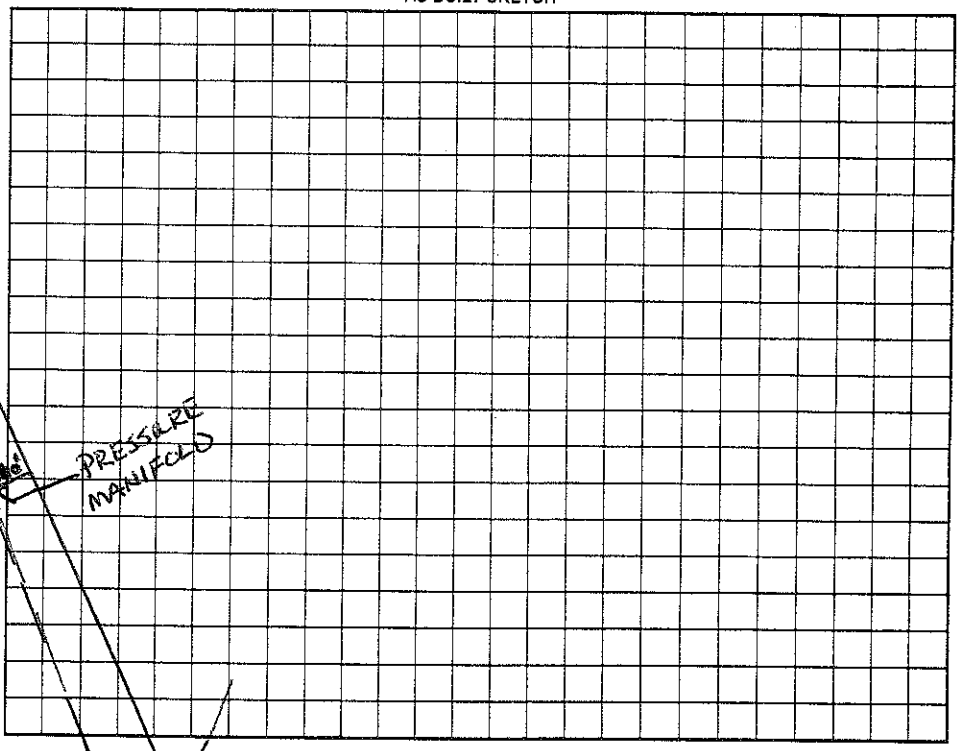
Comments:/Conditions:

INITIAL SITE SKETCH

(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: [signature] date 9-15-03 Installed by: Hallman Const.

Improvement Permit by: Wesley Sparks R.S. date 9/10/03 Operation Permit by: [signature] R.S. date 9/25/03

Authorization to Construct by: Wesley Sparks R.S. date 9/10/03 Existing System Inspection by: date

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