IREDELL COUNTY HEALTH DEPARTMEN

STATESVILLE 704-878-5305 50.00 ~~Paid~~ Paid MOORESVILLE 704-664-52

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

PERMIT# 115773 PIN# 4625 58 3516 DATE 9/8/03

OWNER OR CONTRACTOR Ronnie Dossett PHONE: Business _____ Home 704-252-0211

ADDRESS 103 McEvoy Ln. Mooresville NC. 28115

LOCATION 1100 TR Bay Harbour TL Lake Mist TR Cypress Ln. at end of cul de sac

SUBDIVISION Harbour BLOCK / SECTION 2 LOT 49-49A LOT AREA .69Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2/25/04
Pump Tank: 1000 Gallons; PT 283 Date 2/25/04
Pump Make: Myers Model ME 50S-M Serial No. _____
Nitrification Field: No Fields 1 Square Feet 560/840 Linear Feet 280
No Lines 4 @ 70' Trench Width 2-3' Max Trench Bottom Depth 30" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: PreDosed - 16" PPBPS
Repair System Description: SAME TYPE
Maintenance Agreement Required: [X] Yes [ ] No

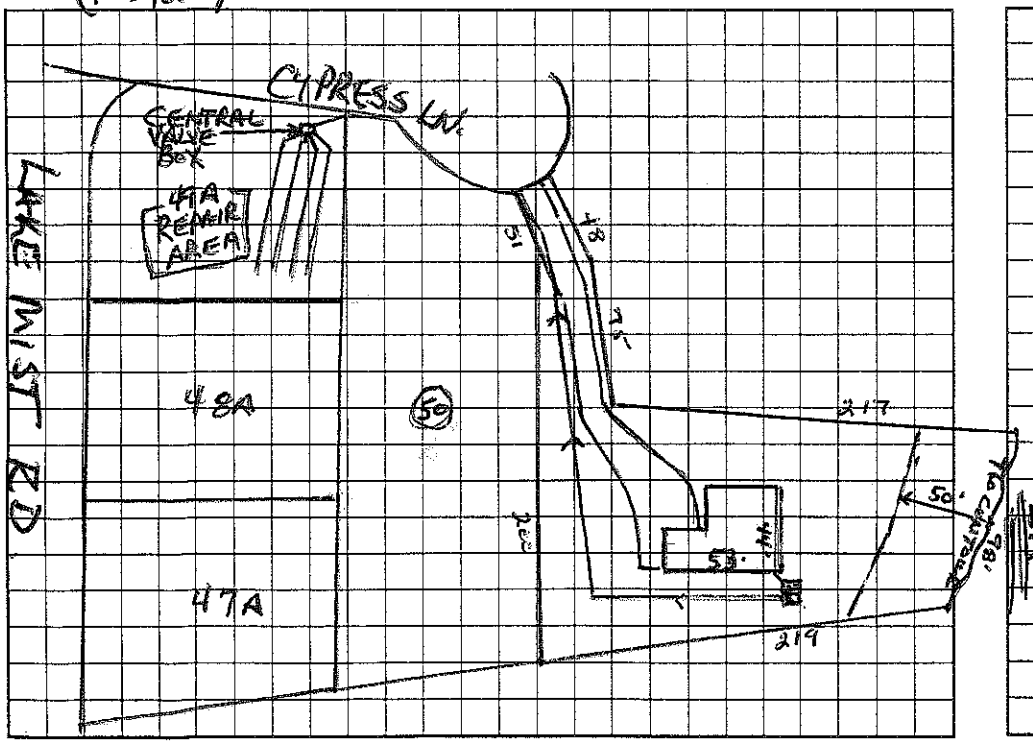
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 4
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

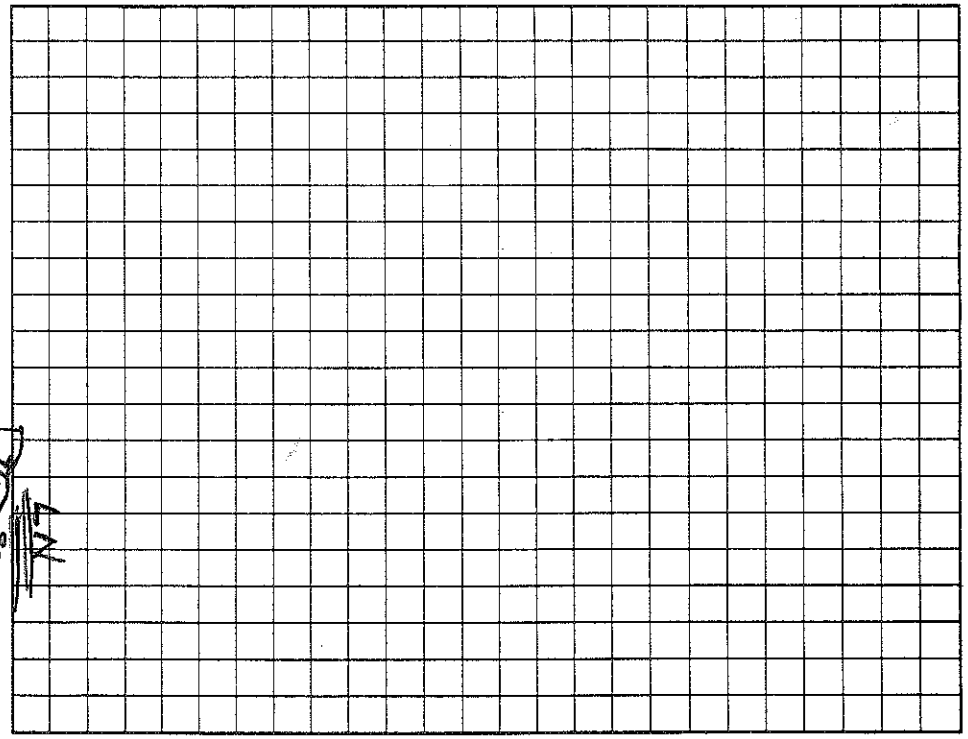
Comments:/Conditions: 2' = 8'oc / 3' = 9'oc

Comments:/Conditions: 56 Panels 1/32" Hole

INITIAL SITE SKETCH (1" = 100')



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: + Ronnie Dossett date _____ Installed by: Abernathy

Improvement Permit by: Wally Sparks RS. date 9/9/03 Operation Permit by: [signature] RS date 6/1/04

Authorization to Construct by: Wally Sparks RS. date 9/9/03 Existing System Inspection by: _____ date _____

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