IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075203 PIN# ~~3650780704~~ 4636-30-4816 DATE Oct. 21, 02

OWNER OR CONTRACTOR The Dupont Group Inc. PHONE: Business _____ Home _____

ADDRESS 110 Charleston Dr. Suite 108 Mooresville, N.C. 28117

LOCATION Brawley Sch. Rd. TL Isle of Pines TL Cannot on left at corner with Barton Place

SUBDIVISION Lakeview Heights BLOCK / SECTION _____ LOT 21 LOT AREA .69 Ac SITE CLASS. RS DESIGN FLOW 450 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 2-12-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 7 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: LPP/BPS
Maintenance Agreement Required: ☐ Yes ☑ No initially

Gravel Depth NA
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees _____
☐ Other _____

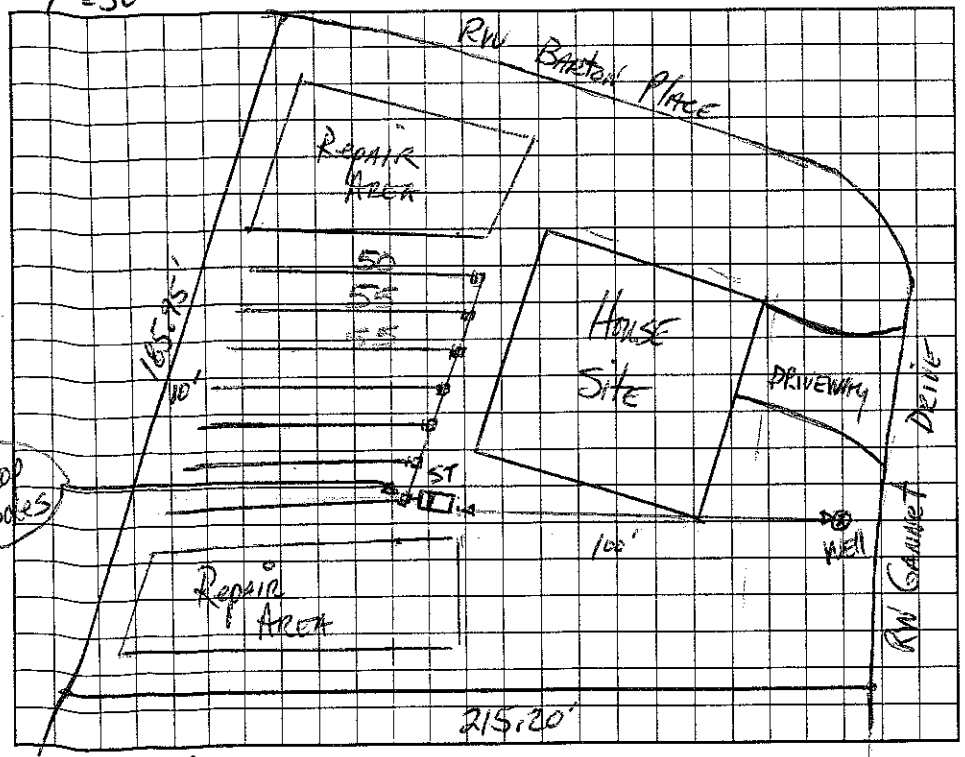
Water Supply:
☑ Individual
☐ Public
☐ Community

Comments:/Conditions:

Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed EZ Flow as Drawn

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 10/22/02 Installed by: Rott Inc RS

Improvement Permit by: _____, RS date 10-21-02 Operation Permit by: _____ date 3/26/03

Authorization to Construct by: _____, RS date 10-21-02 Existing System Inspection by: _____ date _____

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