IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 400.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 075195 PIN# ~~4636.30 7809 Pt~~ 4636-30-8372 DATE 5/22/03

OWNER OR CONTRACTOR The Dupont Group Inc. PHONE: Business 660-0402 Home John Cell 309-1043

ADDRESS 110 Charleston Dr Mooresville, NC 28117

LOCATION Brawley School Rd to Isle of Pines to Gannett lot on left

SUBDIVISION Lakeview Hts. BLOCK / SECTION 1 LOT 10 LOT AREA .69 Acre SITE CLASS. PS DESIGN FLOW ~~360~~ 300 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 794 Date 10-10-03
Pump Tank: 1000 Gallons; PT 27 Date 12-30-03
Pump Make: Myers Model ME50S-21 Serial No. 2532Dec09
Nitrification Fields No. Fields 1 Square Feet 720 Linear Feet 240
No Lines 4 @ 60' Trench Width 24"-36" Max Trench Bottom Depth 30" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Pump-LP-Panel Block
Repair System Description: Same
Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2.5
[ ] Business No. Employees
[ ] Other
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

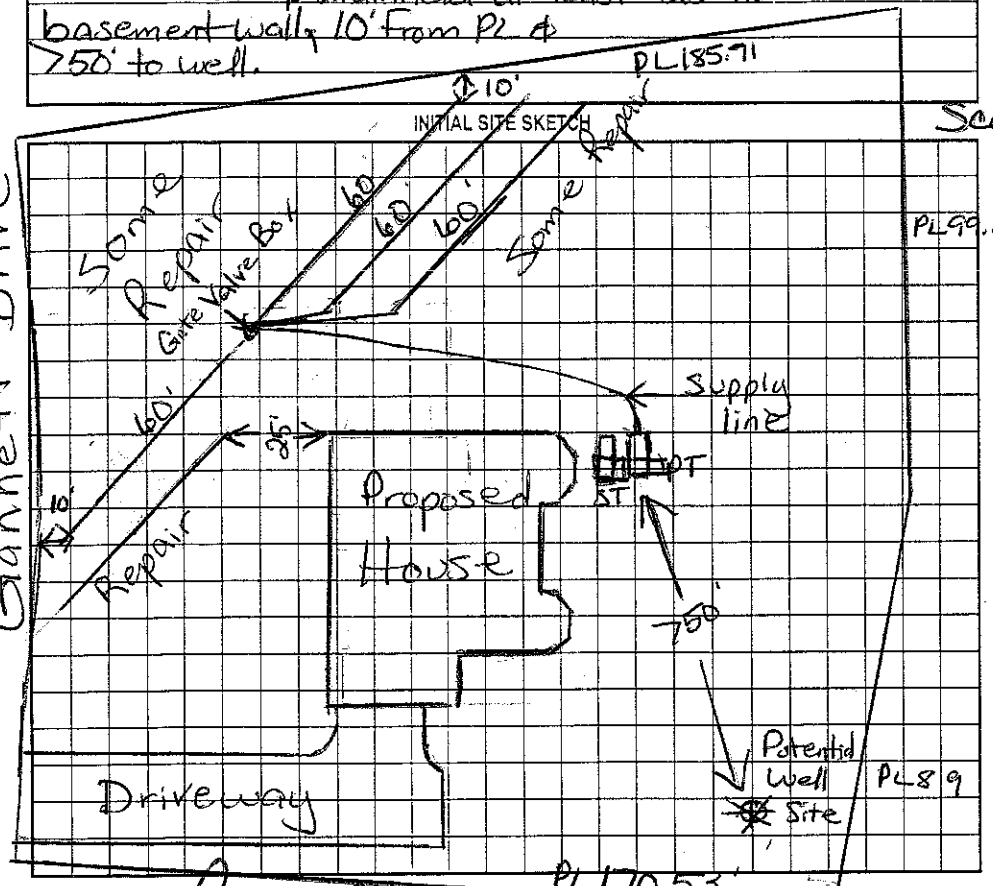
Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: Keep drainfield at least 25' from basement wall, 10' from PL & >50' to well.

Comments/Conditions: * Use in line filter
Checked tanks & lines 2/23/04 MD

INITIAL SITE SKETCH

Scale 1:40



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 site plan 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: John Wayne date 5/28/03 Installed by: R&L Inc

Improvement Permit by: Maria H. Dolan RS date 5/23/03 Operation Permit by: Wesley Sparks RS date 2/23/04

Authorization to Construct by: Maria H. Dolan RS date 5/23/03 Existing System Inspection by: _____ date _____

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