IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 155.00 Paid 4:00 MOORESVILLE 704-664-5281

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

PERMIT# 075535 PIN# ~~4636-30-7067 (pt)~~ 4636-31-4059 DATE Feb 28, 03

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

ADDRESS 110 Charleston Dr. Suite 100, Mooresville 28117

LOCATION Brawley Sch Rd TL Black Pines TL Covert TL Boston Place on left

SUBDIVISION Lakewood Heights BLOCK/ SECTION _____ LOT 20 LOT AREA .97Ac SITE CLASS. B DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 8-12-03
Pump Tank: 1000 Gallons; PT 27 Date 5-16-03
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: pm 25% Reduction
Repair System Description: LP 25-50% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No initially

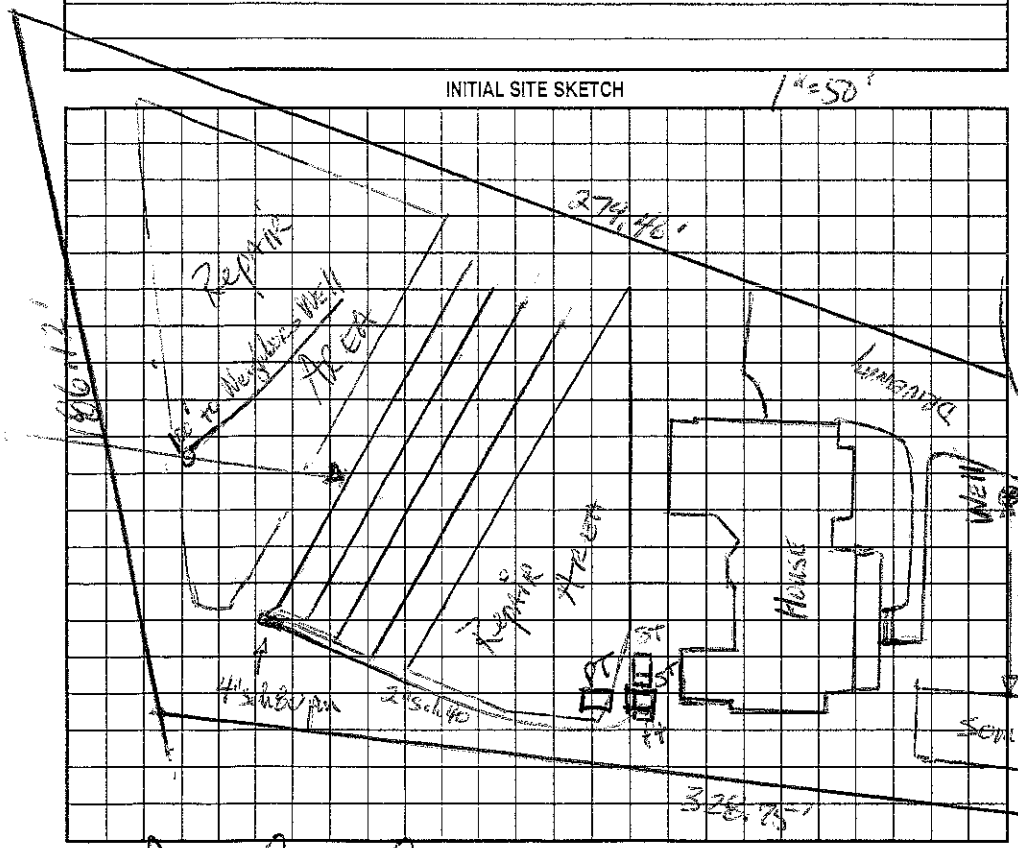
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

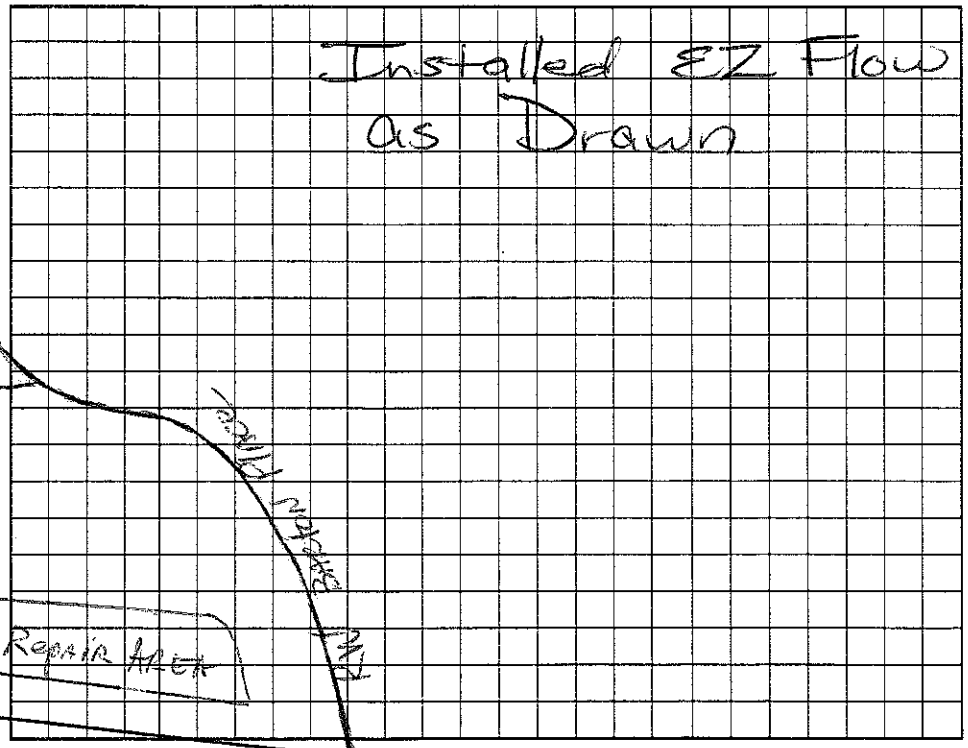
Comments:/Conditions:

Comments:/Conditions: Checked tanks & lines 9/25/03

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 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: [signature] date 3/3/03 Installed by: R & H Inc RS

Improvement Permit by: [signature], RS date 2-28-03 Operation Permit by: Marian H. Dobson date 10/24/03

Authorization to Construct by: [signature], RS date 2-28-03 Existing System Inspection by: _____ date _____

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