IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075532 PIN# 4636307807 4636317243 DATE 7-7-03

OWNER OR CONTRACTOR Dupont Group Inc. / Chris & Patricia PHONE: Business _____ Home _____

ADDRESS 122 Barton Place

LOCATION Brawley School Rd TL Isle of Pines TL Gannett TL Barton Place Cul de sac at end

SUBDIVISION Lakeview Hts BLOCK / SECTION _____ LOT 68 LOT AREA 1.04 Acre SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 900 Linear Feet 300'

No Lines 3@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: Gravity - 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

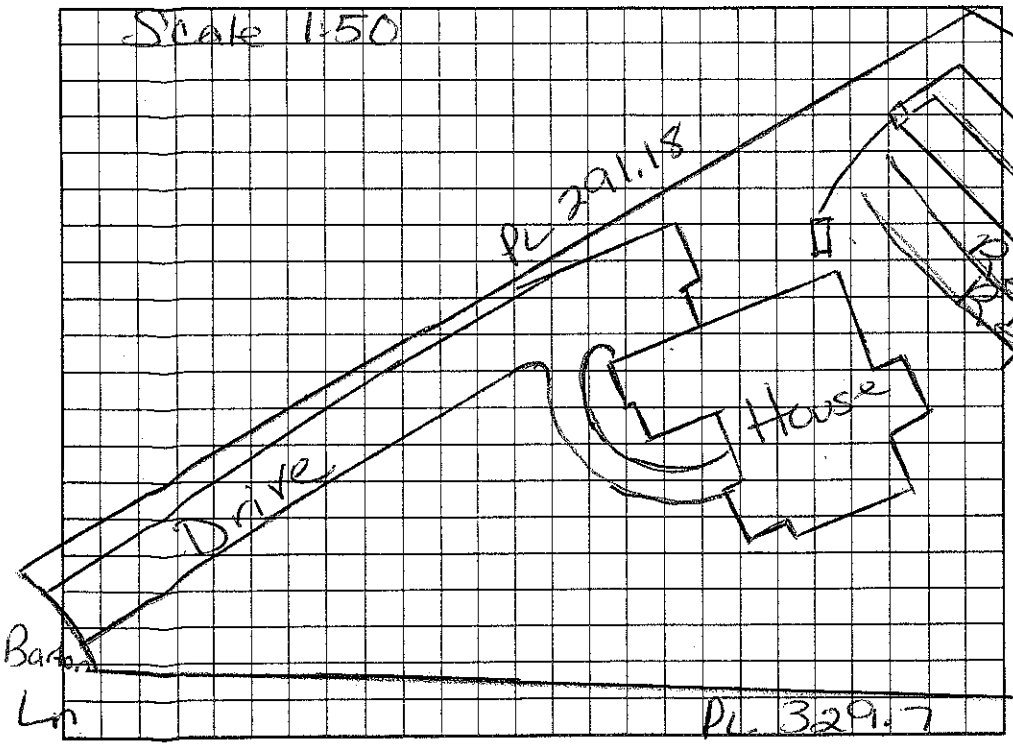
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

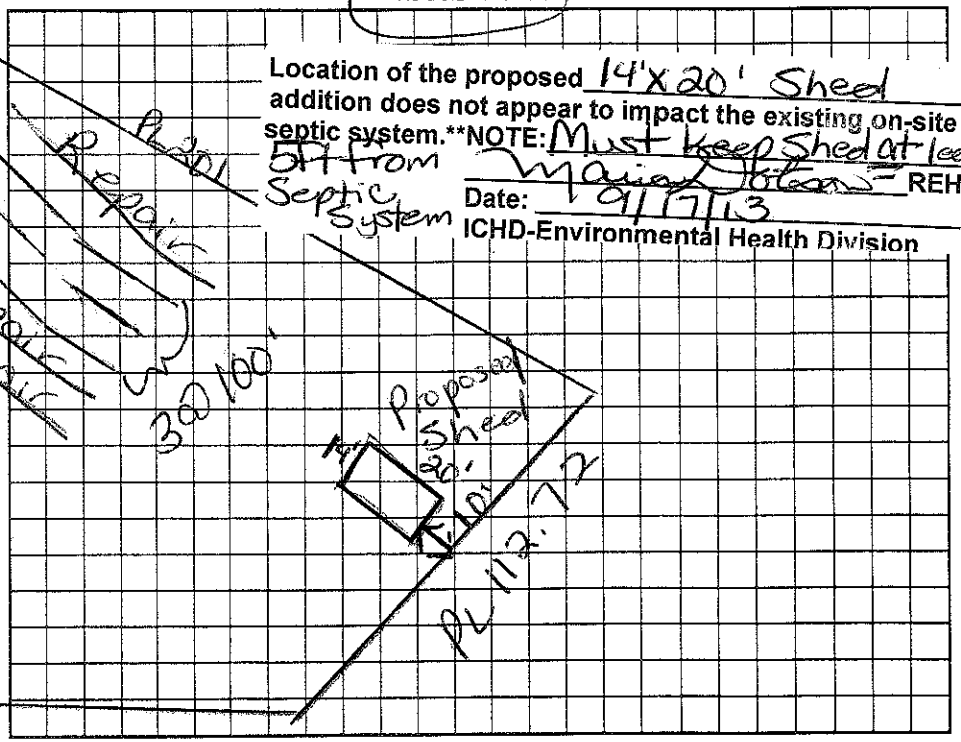
Comments/Conditions:

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INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed 14'x20' Shed addition does not appear to impact the existing on-site septic system.**NOTE: Must keep Shed at least 5ft from Septic System

Date: 7/7/03 Marian Gibson - REHS

ICHD-Environmental Health Division

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 _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____ RS

Operation Permit by: Marian Gibson date 7/7/03

Existing System Inspection by: _____ date _____

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