IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281 -2100

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

PERMIT# 125330 PIN# ~~4636438449~~ 4636438449 DATE 12-16-04

OWNER OR CONTRACTOR Medallion Properties Inc. PHONE: Business 634-1185 Home 799-2710

ADDRESS 308 Blume Rd Mooresville, NC 28117

LOCATION Brawley School Rd TL Stutts, TR Tucky Hill lot on left

SUBDIVISION Stutts Acre BLOCK / SECTION ____ LOT 39 LOT AREA .72 Acre SITE CLASS FS DESIGN FLOW 450 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date 3-20-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 3@133' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

[X] 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

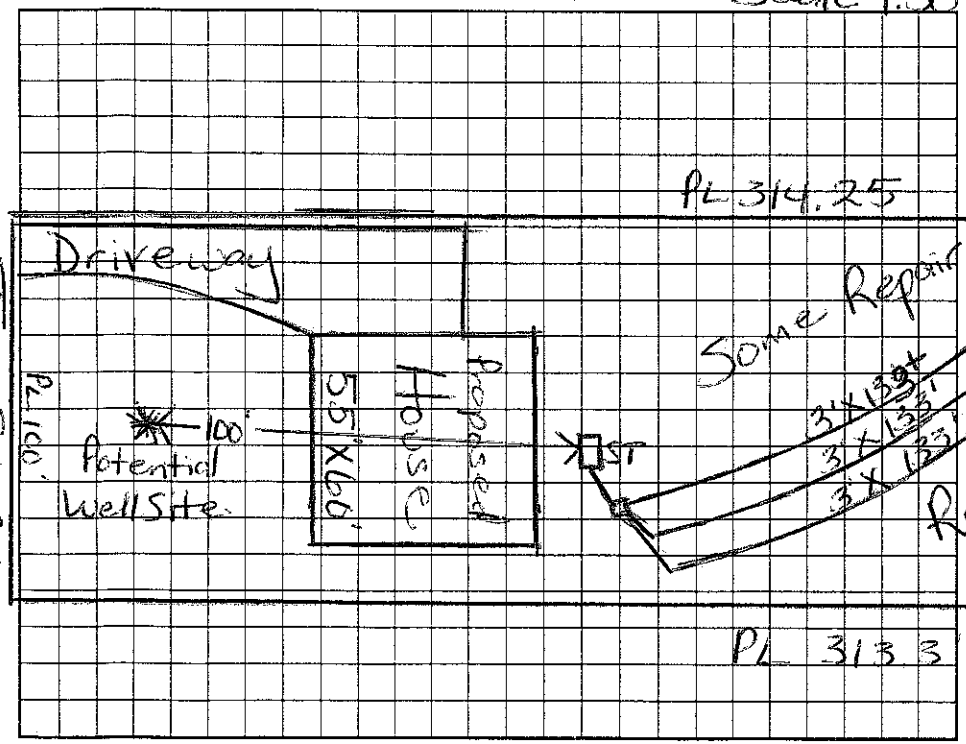
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms ____
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

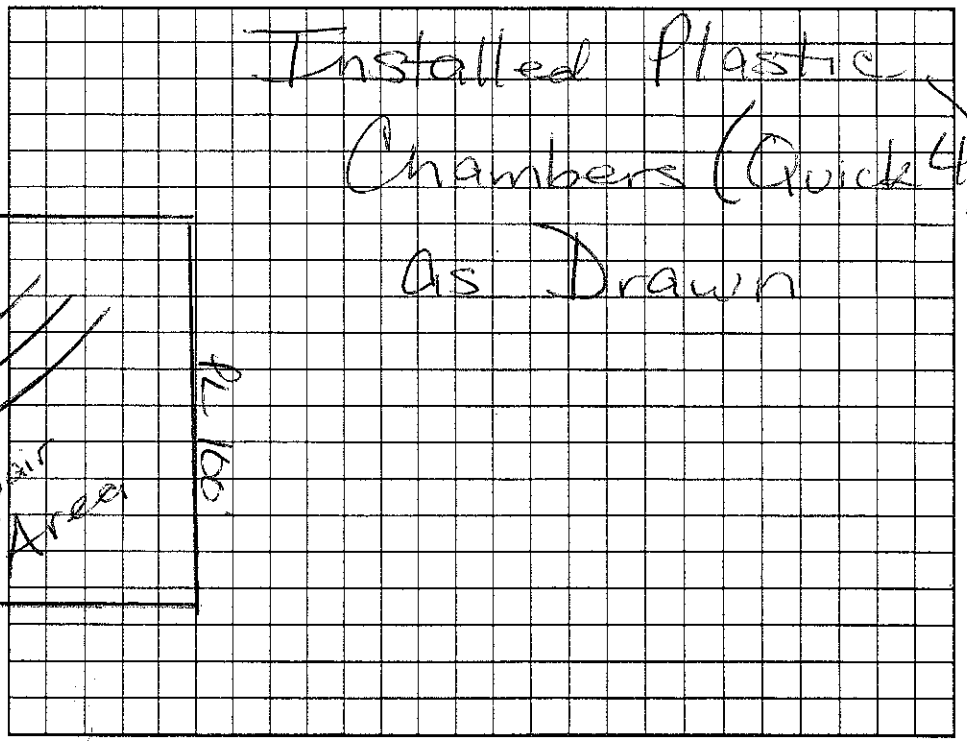
Comments/Conditions: Keep Septic System as least 10' to PL & 100' to well.

Comments/Conditions: Blue Filter installed
Note: Top line 1 panel (plastic chamber) longer.

INITIAL SITE SKETCH Scale 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 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: Neil Campagna date 12/17/04 Installed by: Rowan Septic

Improvement Permit by: Maria H. Dotson RS date 12/16/04 Operation Permit by: Maria H. Dotson RS date 5/27/05

Authorization to Construct by: Maria H. Dotson RS date 12/16/04 Existing System Inspection by: ____ date ____

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