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IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (D) MOORESVILLE 704-664-5281

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

PERMIT# 107187 PIN# 4638788046 DATE 7-10-2002

OWNER OR CONTRACTOR Kemp Construction / Larry Foxworth PHONE: Business 662-8817 Home Tawny Kemp 591-5174

ADDRESS 394 Sunbown Rd Mooresville, NC

LOCATION Hwy 150 West TR Perth Rd TL Sea Trail on right, corner lot.

SUBDIVISION Harborview BLOCK / SECTION 1 LOT 31 LOT AREA .6 Acre SITE CLASS. RS DESIGN FLOW 360gpd L.T.A.R. .3 gpd

Septic Tank: 1000 Gallons; STB 312 Date 8-14-04
Pump Tank: ____ Gallons; PT ____ Date ____
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 12"

[X] New System [ ] Repair System Type: I (II) III. IV. V. VI
System Description: Gravity Conventional
Repair System Description: Pump/Gravity Panel
Maintenance Agreement Required: [ ] Yes [X] No

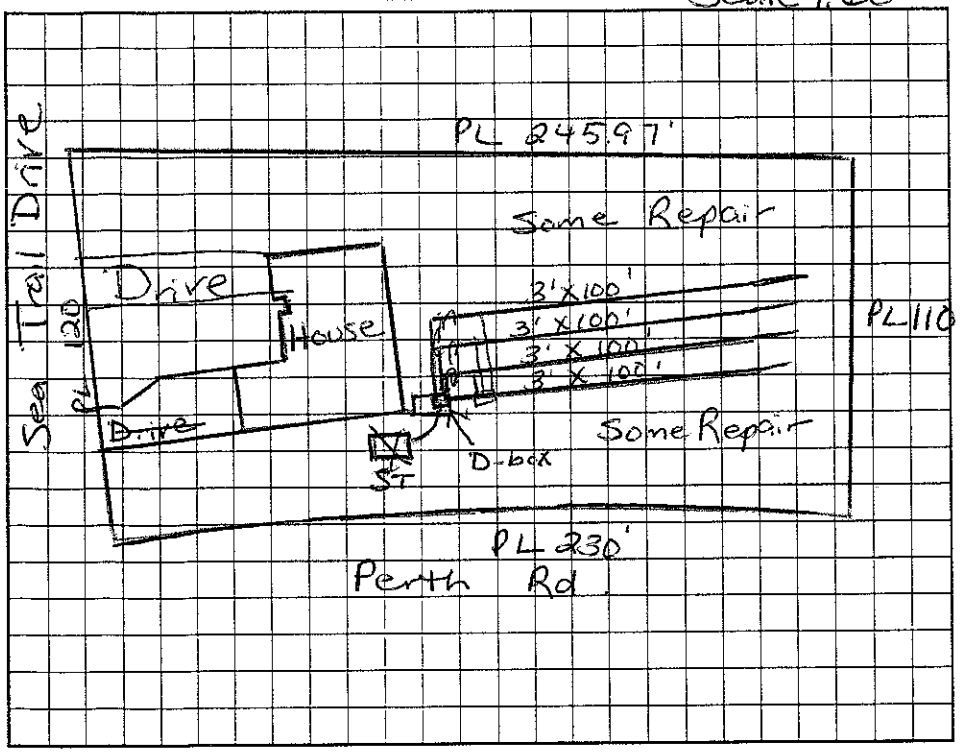
[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments/Conditions: Keep Septic System at least 10' From PL. Drive will Be on opposite Side

Comments/Conditions: GM 7/30/04

INITIAL SITE SKETCH Scale 1:60



AS BUILT SKETCH

Installed As Drawn (ST moved slightly)

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: Tawny Kemp date ____ Installed by: A. Cornelius Grading

Improvement Permit by: Maria H. Dolson RS date 7/10/2002 Operation Permit by: Maria Dolson date 10/1/04

Authorization to Construct by: RS date 7/30/04 Existing System Inspection by: ____ date ____

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