IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123479 PIN# ~~4677 51 2935.008~~ 4677 51 3857 DATE 9/28/04

OWNER OR CONTRACTOR Brent Dugan / Thomas G. Trent PHONE: Business 704-799-6216 Home 704-663-3505

ADDRESS 132 Ideal Dr. Mooresville NC 28115

LOCATION Linwood, TL Brumley, TL Quiet View, on Rt

SUBDIVISION Lucille F. Cook Prop. BLOCK / SECTION ____ LOT 8 LOT AREA 3.0AC SITE CLASS. ____ DESIGN FLOW 480 L.T.A.R. 0-J

Septic Tank: 1000 Gallons; STB 825 Date 8/10/05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model Zoeller Serial No. 4100
Nitrification Field: No Fields 1 Square Feet ~~Trench~~ Linear Feet ~~455'~~ 355'
No Lines ~~4 @ 57'~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

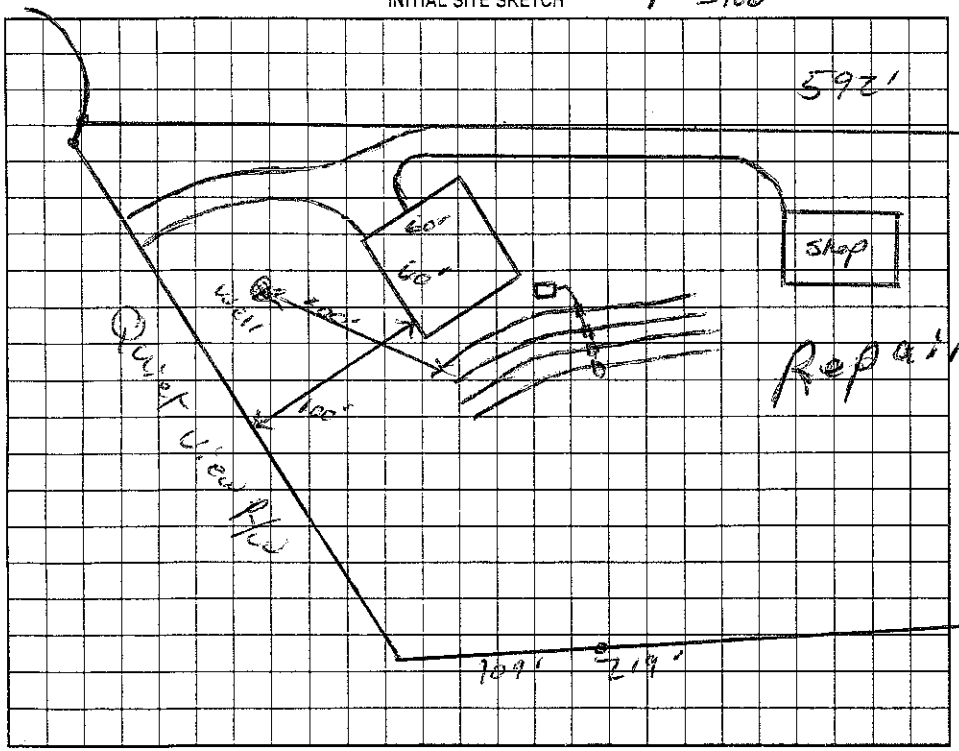
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

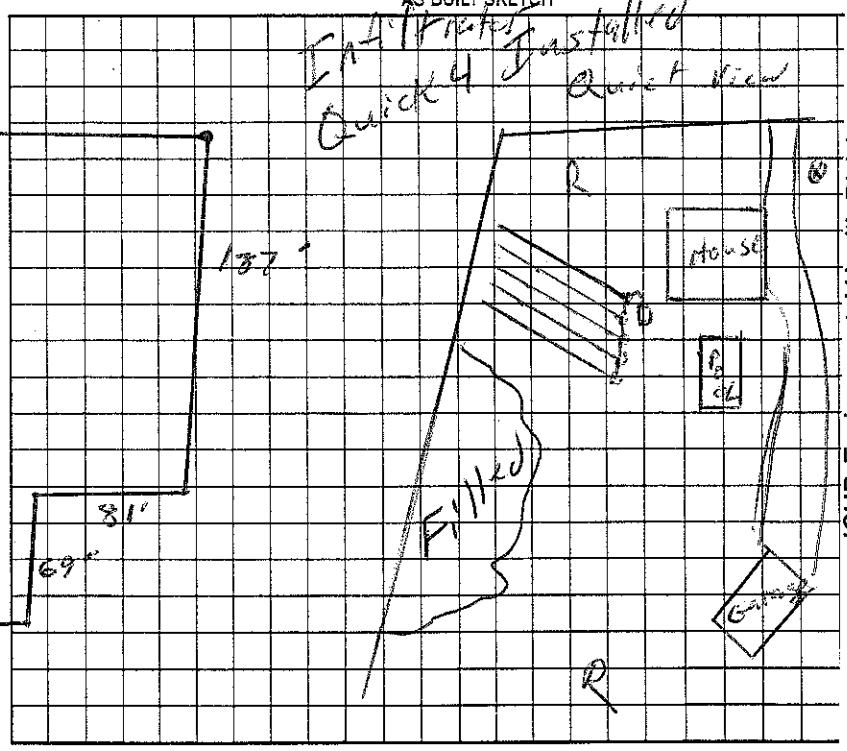
Comments:/Conditions:

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INITIAL SITE SKETCH 1" = 100



AS BUILT SKETCH



ICHD-Environmental Health Division

The proposed / existing Pool addition does not appear to impact the existing septic system.

**NOTE: Shall be min. 15' from septic system

Date: Okayed by Michelle R.S. 4-10-12

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: Brent W. Dugan date 11/9/04

Improvement Permit by: [signature] RS date 9/28/04

Authorization to Construct by: [signature] RS date 9/28/04

Installed by: Easton Backhoe

Operation Permit by: [signature] RS date 10/4/05

Existing System Inspection by: ____ date ____

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