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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105468 PIN# 4624-27-5905.972 4624 17 9954 DATE 12/13/02

OWNER OR CONTRACTOR John R. Poore Build. PHONE: Business 704-847-0496 Home

ADDRESS 10590 Independence Point Parkway Matthews NC 28105

LOCATION Brawley Sd, TR 2nd Mansfield, TL Bracton, TR 2nd Dedham, 4th on Lt

SUBDIVISION Point BLOCK / SECTION 9 LOT 172 LOT AREA 1.15AC SITE CLASS P5 DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: ~~1000~~/1500 Gallons; STB 358 Date 8/19/03

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 5' Gravel Depth _____

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity 25% Reduction

Repair System Description: LP Pond Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees ___

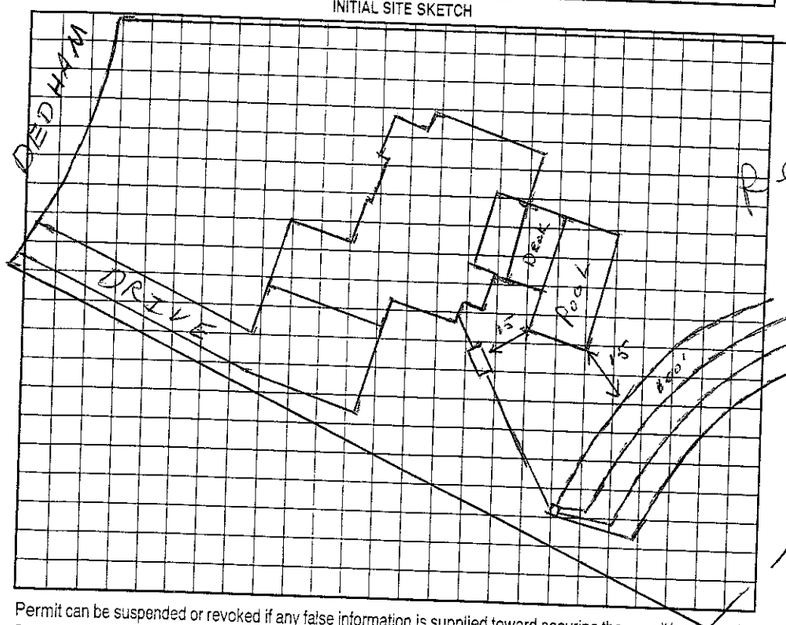
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

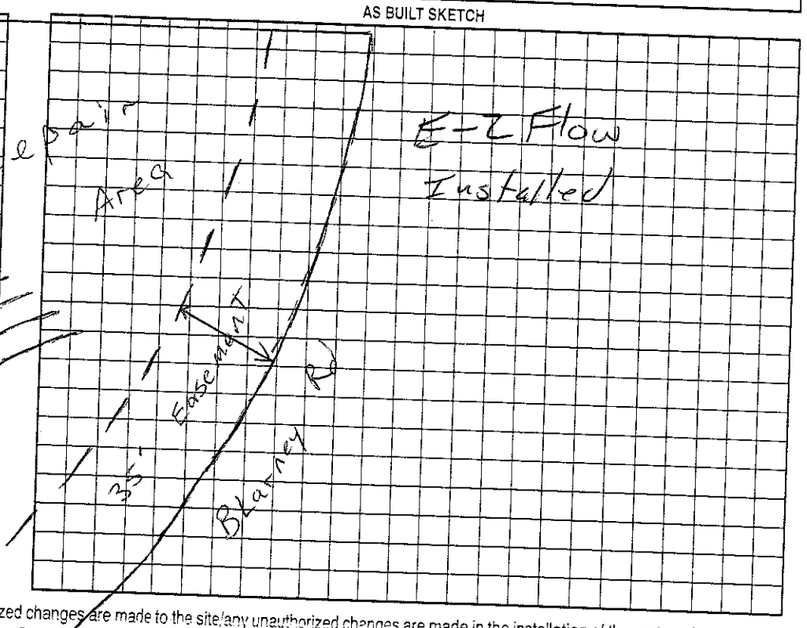
Comments./Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



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: Marvin O. Lunsford date 12-16-02 Installed by: K & H

Improvement Permit by: RS date 12/13/02 Operation Permit by: RS date 9/26/03

Authorization to Construct by: RS date 12/16/02 Existing System Inspection by: _____ date _____

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