IREDELL COUNTY HEALTH DEPARTMENT

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

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

10:30

PERMIT# 105465 PIN# 4624 275905.971 4624 18 9163 DATE 5/14/02

OWNER OR CONTRACTOR POINT ON NORMAN/Hughes, Home in L&Z PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR 2nd MANSFIELD - TL BROCKTON - JR 2nd DEDHAM - 5th ON LT

SUBDIVISION POINT BLOCK / SECTION 9 LOT 971 LOT AREA 1.01AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .36PD/FT²

Septic Tank: 1000+ Gallons; STB 338 Date 7-14-03
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 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other

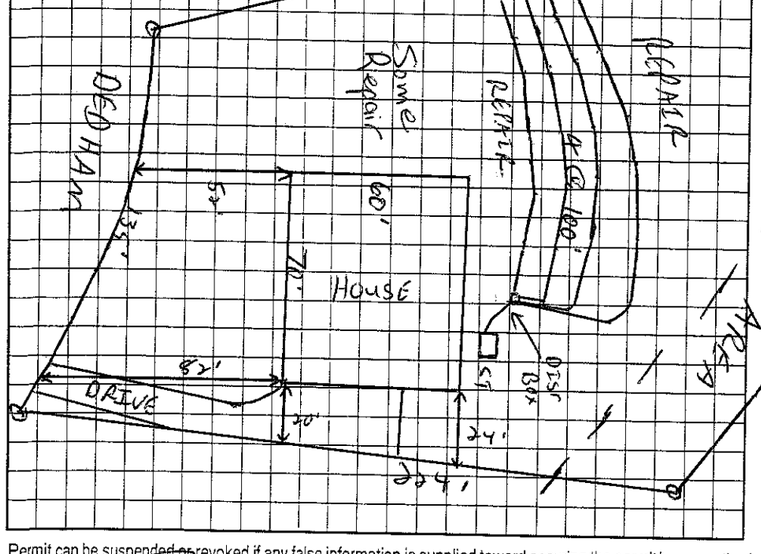
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

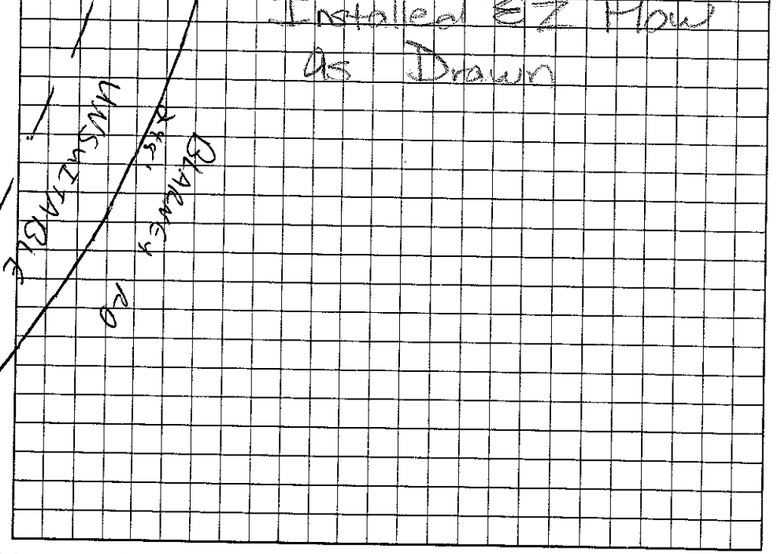
Comments:/Conditions: Reviewed building plans & Site plan 4/9/03. Essentially in Compliance with IP

Comments:/Conditions: *Note: House is approx. 10' deeper than house print on IP therefore, Some Repair to side of house.

1"=50' 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: _____ date 5-23-02

Improvement Permit by: _____ RS date 5/14/02

Authorization to Construct by: _____ RS date 4/9/03

Installed by: Bob Mayhew RS

Operation Permit by: _____ RS date 8/19/03

Existing System Inspection by: _____ date _____

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