IREDELL COUNTY HEALTH DEPARTMENT

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

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

1950 Pd C Start 3:00

PERMIT# 105455 PIN# ~~4629275905965~~ 4624-19-9122 DATE 9-2-04

OWNER OR CONTRACTOR John R. Poore Builders PHONE: Business 847-0494 ~~Home~~ 201-7425 Bob

ADDRESS 10590 Independence Point Pk Matthews NC 28106

LOCATION Brawley School Rd TR Mansfield (2nd) TL Brockton TR 2nd Deatham Lp 14th on left

SUBDIVISION The Point BLOCK / SECTION 9 LOT 965 LOT AREA 1.33Acre SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 + Gallons; STB 338 Date 9-11-04

Pump Tank: 1000 Gallons; PT 27 Date 9-14-04

Pump Make: Goulds Model ~~3~~ 3HAWE10311 No HD458905

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 365

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms 3½ No. Employees ____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

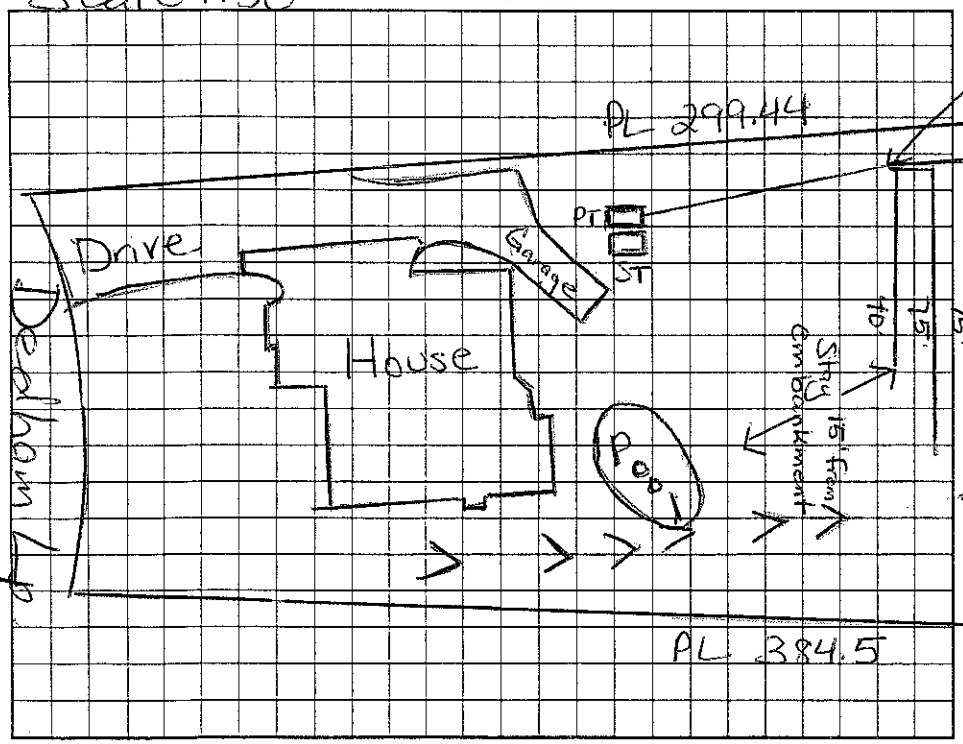
Water Supply: [ ] Individual [X] Public [X] Community

Comments:/Conditions:

Comments:/Conditions: Note: Per 15A NCAC 18A.1950(a)(13) - Minimum horizontal distance from top of slope of embankments or cuts of 2 feet or more vertical height = 15 feet. Checked lines 10/21/04

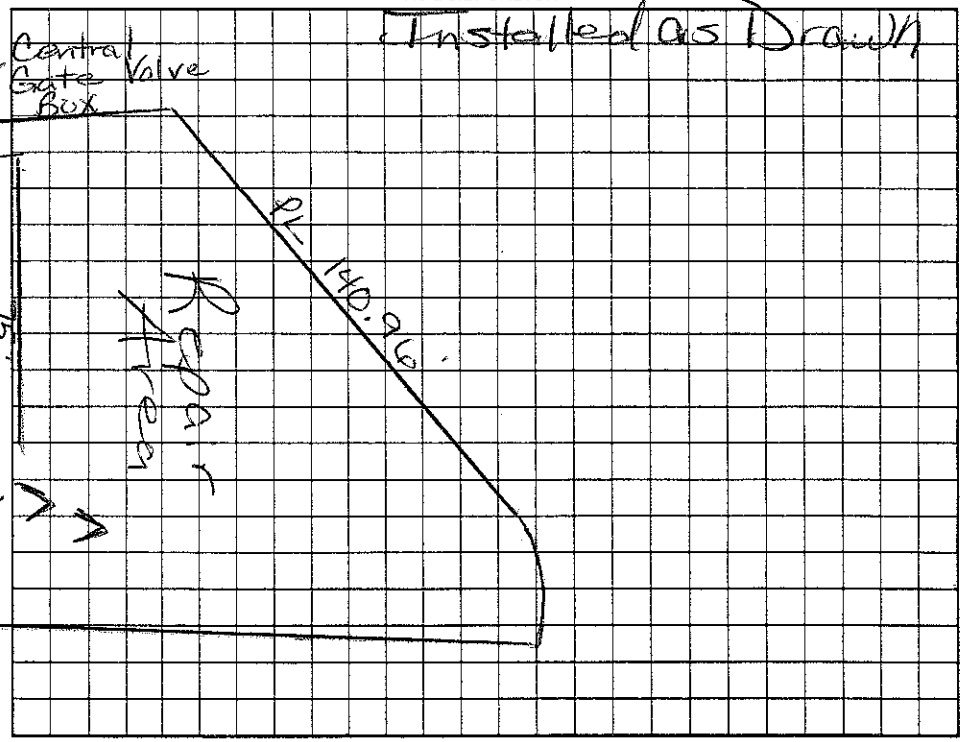
Scale 1:50

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn



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 9-2-04 Installed by: R&H RS

Improvement Permit by: Maria H. Dolan RS date 9/2/04 Operation Permit by: Maria H. Dolan RS date 11/8/04

Authorization to Construct by: Maria H. Dolan RS date 9/2/04 Existing System Inspection by: _____ date ____

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

Pd $50.00 8-2-04