3.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105483 PIN# 4624 275905.978 4624276663 DATE 5/14/02

OWNER OR CONTRACTOR POINT ON NORMAN / HUGHES & ASSOCIATES PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL RD. MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - TR 2nd MAXFIELD - TL BROCKTON - AT END

SUBDIVISION POINT BLOCK / SECTION 9 LOT 978 LOT AREA 1.35AC SITE CLASS. RS DESIGN FLOW 480GPD L.T.A.R. .30GPD/FT

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 1-2-04

Pump Tank: 1000 Gallons; PT 283 Date 12-5-04

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: PUMP 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

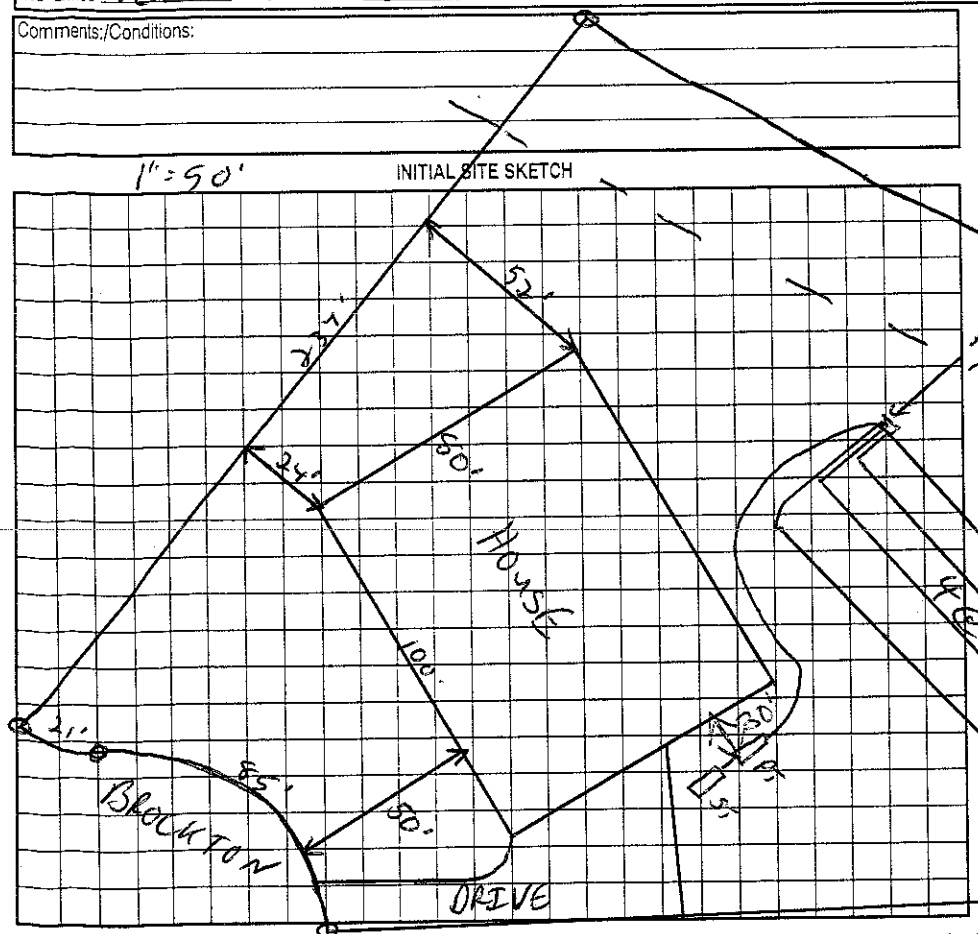
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

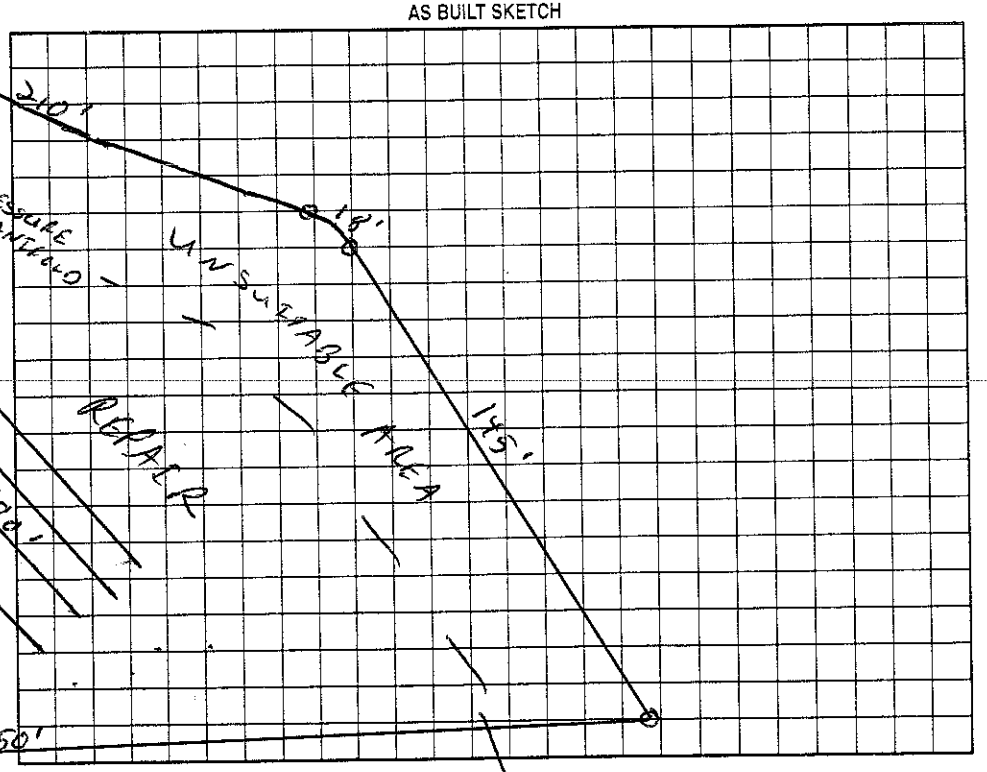
Comments:/Conditions: Checked tanks & lines 4/18/05 Installed EZ Flow Drainfield as Drawn.

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 Installed by: R&H

Improvement Permit by: _____ KS date 5/14/02 Operation Permit by: _____ KS date 6/7/05

Authorization to Construct by: _____ KS date 6/29/04 Existing System Inspection by: _____ date _____

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