IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105428 PIN# 4624 27 5905.457 4624 28 8659

OWNER OR CONTRACTOR POINT ON NORMAN / KINGSWOOD CUSTOM HOMES PHONE: Business ~~760-1185~~ 8033 Corporate Center Dr. Ste 400 Charlotte, NC. 28226 Home 704-506-3456 DATE 5/7/02

ADDRESS 2214 BRAWLEY SCHOOL RD - MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR MANSFIELD - TR HARWECK - ON LEFT

SUBDIVISION POINT BLOCK / SECTION 9 LOT 957 LOT AREA 1.18 AC SITE CLASS. RS DESIGN FLOW 480GPD L.T.A.R. .25gpd/sqft

Septic Tank: 1500 Gallons: STB 338 Date 10/11/03

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120' 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 ~~I-WW~~ 15% REDUCTION

Repair System Description: LD DANEL

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

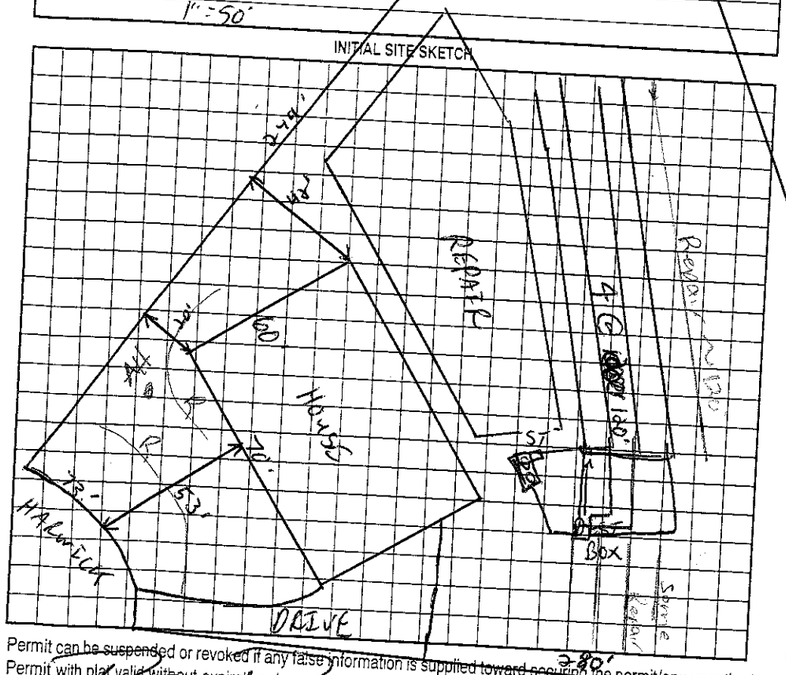
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

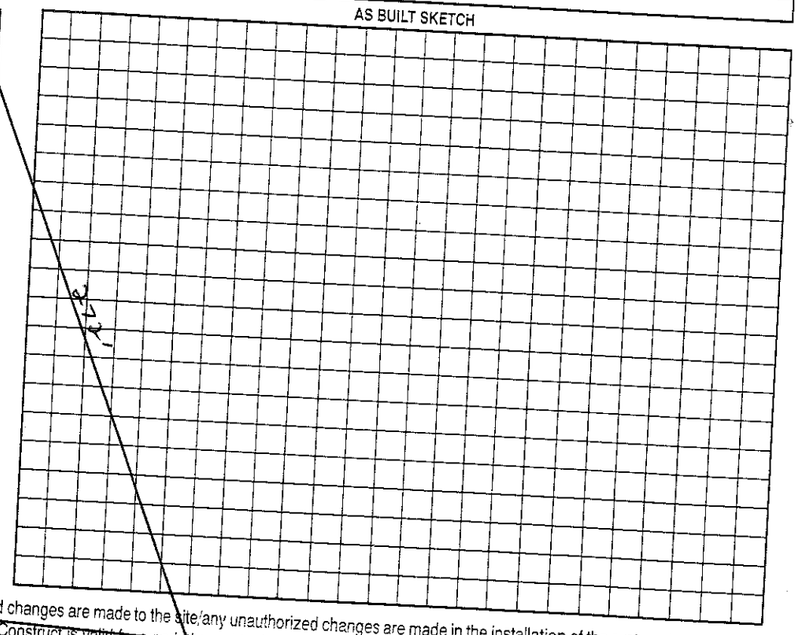
1" = 50'

Comments:/Conditions: EZ FLOW INSTALLED

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.

Designed: date 5-23-02 Installed by: Hallmon

Improvement Permit by: date 5/7/02 Operation Permit by: Wesley Sparks R.S. date 11/18/03

Authorized to Construct by: Wesley Sparks R.S. date 6/4/03 Existing System Inspection by: date

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