IREDELL COUNTY HEALTH DEPARTMENT

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

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

* 3:00

PERMIT# 12512-1 PIN# 4624362585.000 4624362138

OWNER OR CONTRACTOR POINT ON NORMAN / SIMONINI BLDRS PHONE: Business 660-1185 Home DATE 4/12/05

ADDRESS 2214 BRAWLEY SCHOOL RD - MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TL HOPKINTON - TR YALE - 3RD ON RT

SUBDIVISION POINT BLOCK / SECTION 10 LOT 1038 LOT AREA 5.1805 +/- SITE CLASS PS DESIGN FLOW 450 GPD L.T.A.R. .36 /Ft²

Septic Tank: 1000 Gallons; STB 338 Date 10-4-04

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"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth NA ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

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

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions:

Comments:/Conditions: Install Gravity - EZ Flow essentially as drawn. Note: Moved last line further down due to big trees; can used space for repair

INITIAL SITE SKETCH

1"=50'

4 Roof Boxes

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: Kathleen Haver

Improvement Permit by: _____ date 4/15/05

Authorization to Construct by: Wesley Sparks R.S. date 4/12/05

Installed by: _____ date 5/11/05

Operation Permit by: Maria H Dotson RS date 9/15/05

Existing System Inspection By: _____ date _____

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