IREDELL COUNTY HEALTH DEPARTMENT

STATESV[illegible]04-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 125089 PIN# ~~4624-36-2585.000~~ 4624-36-4834 DATE 4/13/05

OWNER OR CONTRACTOR POINT ON NORMAN / Simonini Blder PHONE: Business 660-1185 Home

ADDRESS 7214 BRAWLEY SCHOOL RD - MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TL HOPKINTON DR - TL ON TUSCANY TR 2nd ON RT

SUBDIVISION POINT BLOCK / SECTION 10 LOT 1017 LOT AREA 35,119 SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .3000/FT

Septic Tank: ~~1000~~ 1500 Gallons; STB ____ Date 12-27-05

Pump Tank: 1000 Gallons; PT ____ Date ____

Pump Make: ~~Myers~~ ESP Model WE0312M Serial No. ____

Nitrification Field: No Fields 1 Square Feet 420 Linear Feet 210

No Lines 3 @ 70' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

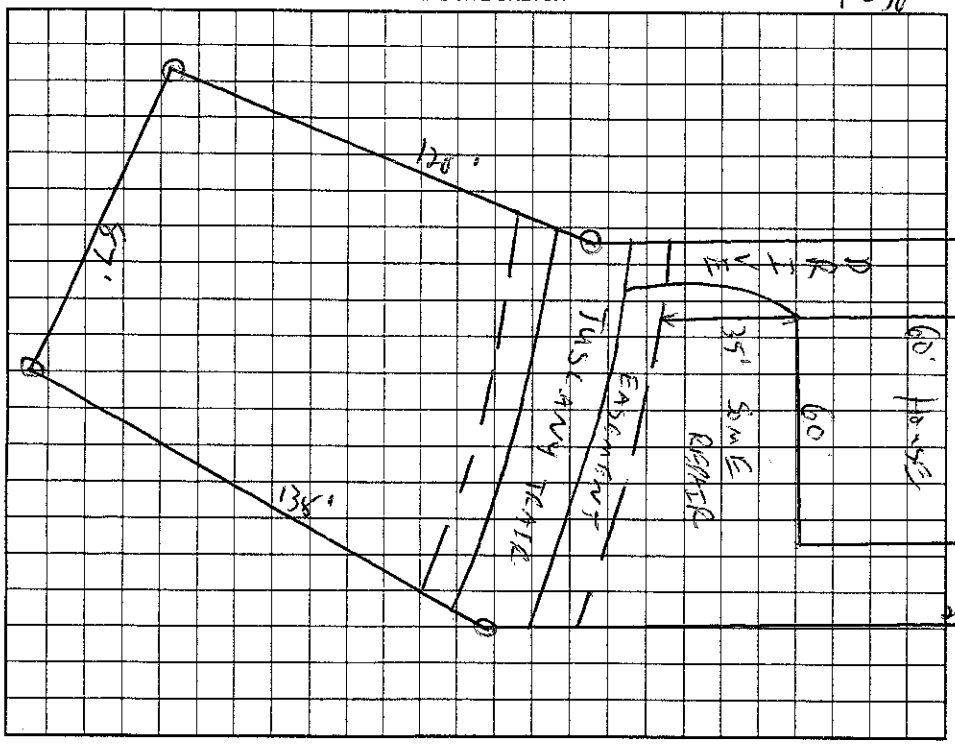
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

Comments/Conditions: DO NOT CUT HOUSE

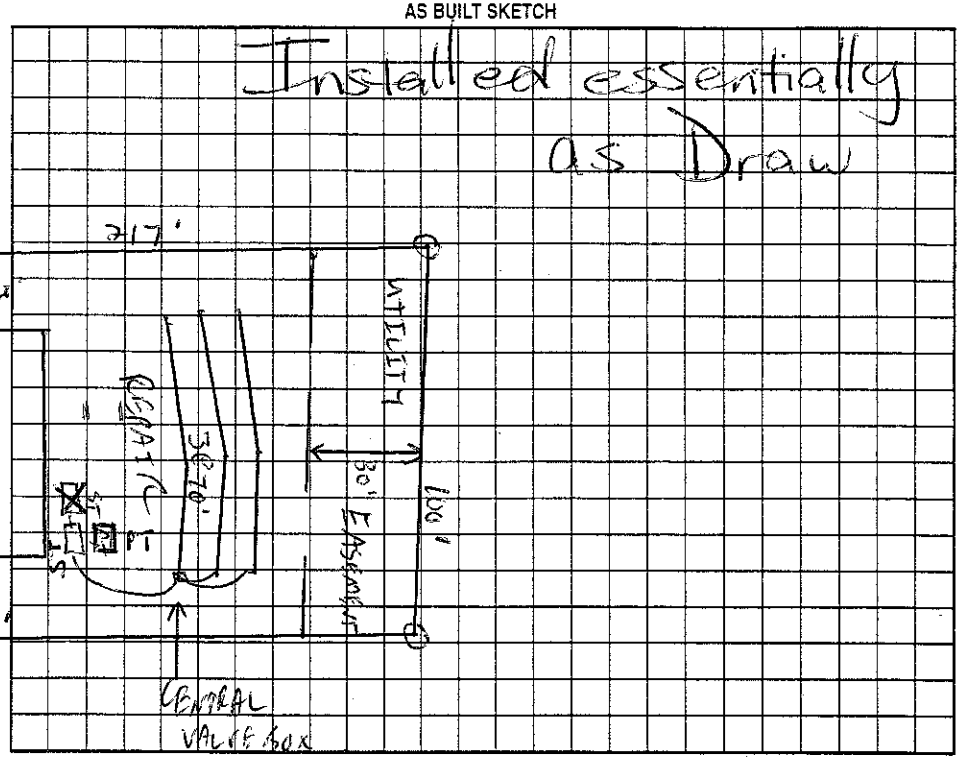
Comments/Conditions: ~~X~~ Must keep any future pool 15ft from Septic System & repair area

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed essentially as Draw



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 Raver date 4/15/05

Improvement Permit by: [signature] RS date 4/13/05

Authorization to Construct by: [signature] RS date 7/12/05

Installed by: R & H RS

Operation Permit by: [signature] date 3/20/06

Existing System Inspection by: ____ date ____

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