IREDELL COUNTY HEALTH DEPARTMENT

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

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

122377

PERMIT# 10542S/122377 PIN# ~~4624275904.457~~ 4624-38-2629 DATE 5/8/02

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

ADDRESS 2214 BRAWLEY SCHOOL RD - MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR 1ST MANSFIELD - ON NEAR CORNER OF HARWICK CT

SUBDIVISION POINT BLOCK / SECTION 9 LOT 95Y LOT AREA .74AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. ~.25gpd/ft2

Septic Tank: 1000 Gallons; STB 338 Date 9-21-04
Pump Tank: 1000 Gallons; PT 283 Date 9-12-04
Pump Make Gould Model WE0312M6 Serial No. D04158584
Nitrification Field: No Fields 1 Square Feet 700 Linear Feet 350
No Lines 4 Trench Width 24-36" 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

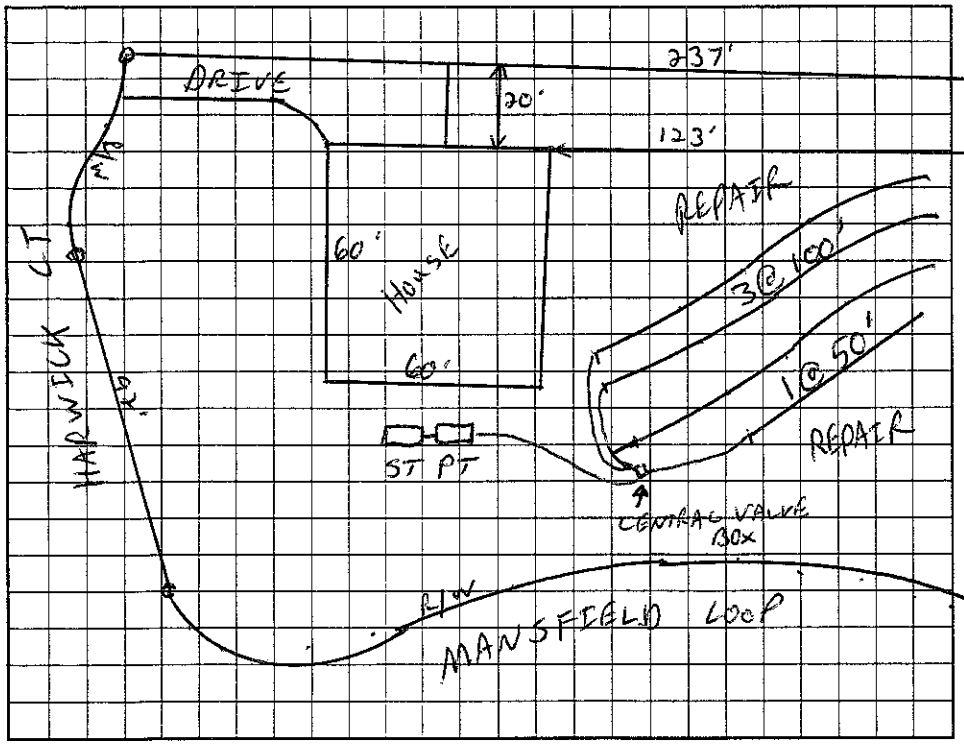
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

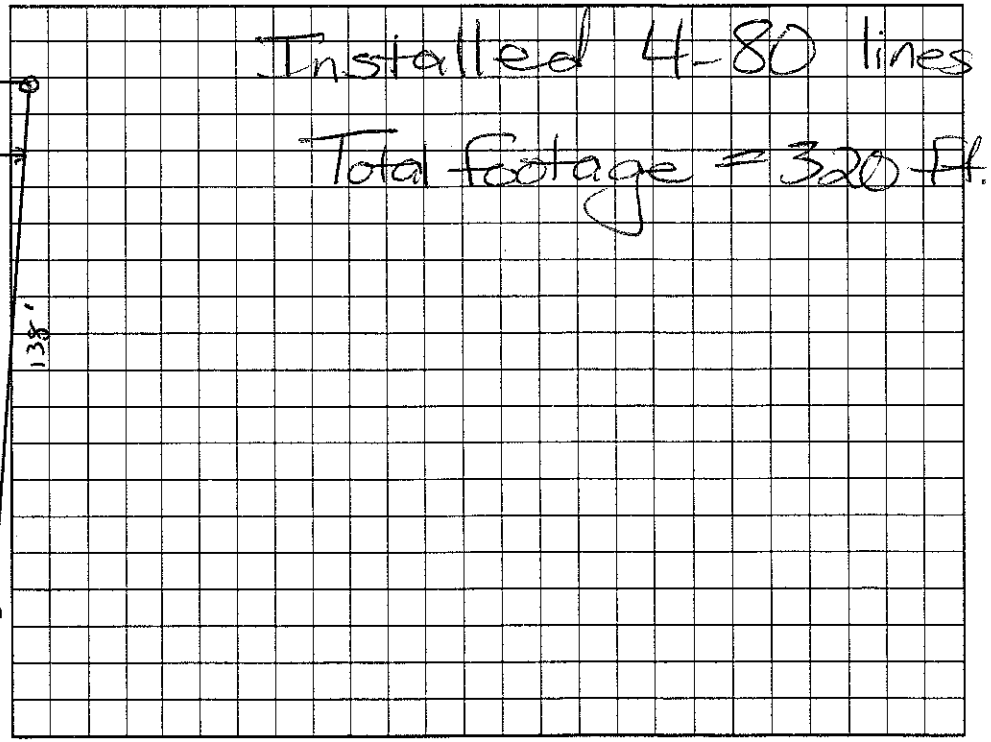
Comments/Conditions: INLINE PUMP FILTER TO BE INSTALLED
Reviewed plans & essentially in compliance with original permit.

Comments/Conditions: Checked tanks & lines 11/10/04 MZ
Checked pressure, elect & alarm 12/3/04 MZ

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: Bobby Hawkins

Improvement Permit by: _____ RS date 5/8/02 Operation Permit by: _____ RS date 12/3/04

Authorization to Construct by: _____ RS date 6/25/04 Existing System Inspection by: _____ date _____

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