IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~105424~~/128188 PIN# 4624 27 5905.953 4624-38-3895 DATE 5/3/02

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

ADDRESS 2214 BRAWLEY SCHOOL RD - MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - TR MANSFIELD CT - ON CORNER OF FITCHBURG

SUBDIVISION POINT BLOCK / SECTION 9 LOT 953 LOT AREA 1.04AC SITE CLASS PS DESIGN FLOW ~~480GPD~~ L.T.A.R. .2 gpd/ft²

Septic Tank: 1000+ Gallons; STB 335 Date 9-24-05

Pump Tank: 1000+ Gallons; PT 2 Date 9-21-05

Pump Make: Zoeller Model WEC512HHAL Serial No. ED5544397

Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 600

No Lines 6@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 INNOVATIVE

Repair System Description: LP PANEL-OFFSITE

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees

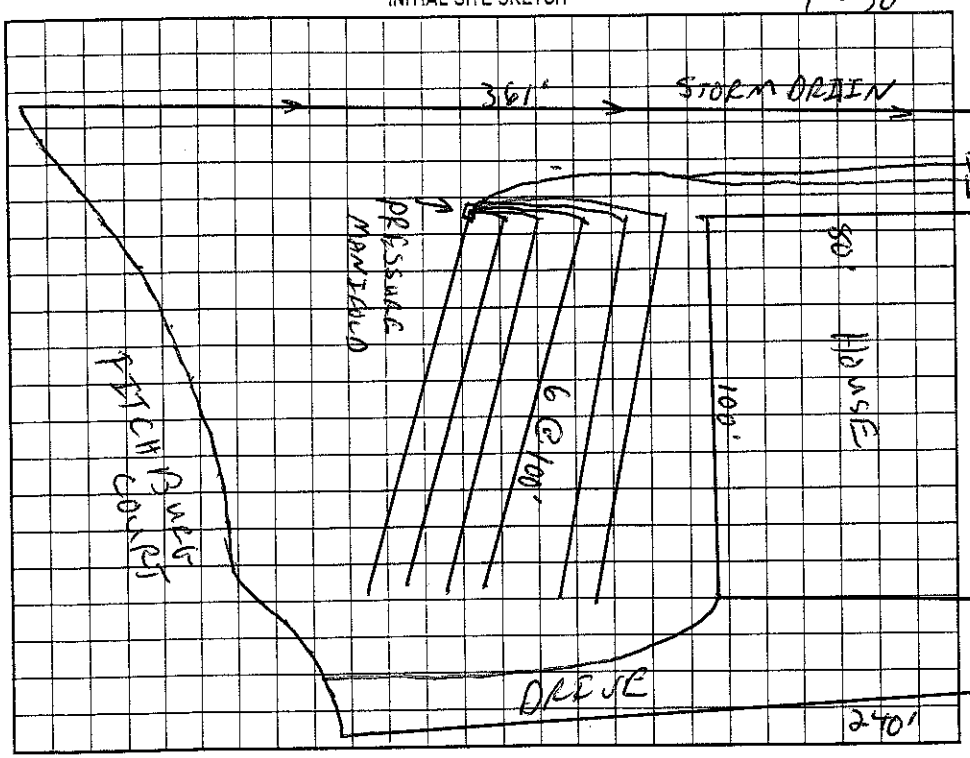
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ ~~Community~~

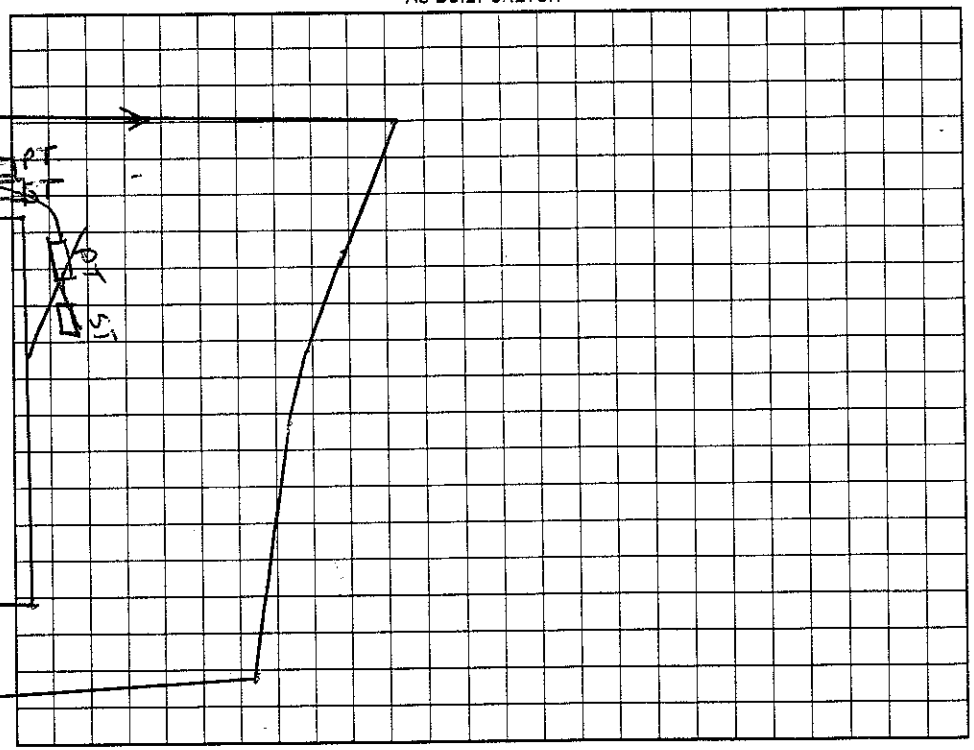
Comments:/Conditions:

Comments:/Conditions: Lines checked by WS
Tanks Checked by 10/27/05 MT
Checked pressure - 3ft 10/27/05

INITIAL SITE SKETCH 1" = 50'



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: Anderson

Improvement Permit by: C. _____ RS date 5/3/02 Operation Permit by: _____ RS date 3/15/06

Authorization to Construct by: _____ RS date 4/29/05 Existing System Inspection by: _____ date _____

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