IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12504 PIN# 4624362585.029 4624452051

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

DATE 4/12/05

ADDRESS 3214 BRAWLEY SCHOOL RD - MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TL HUNTINGTON - AT END

SUBDIVISION POINT BLOCK / SECTION #10 LOT 1029 LOT AREA .42,220 SF SITE CLASS. IS DESIGN FLOW 480GPD L.T.A.R. 360PD/R2

Septic Tank: ~~1000~~ 1500 Gallons; STB 330 Date 7/14/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 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 25% REDUCTION

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees

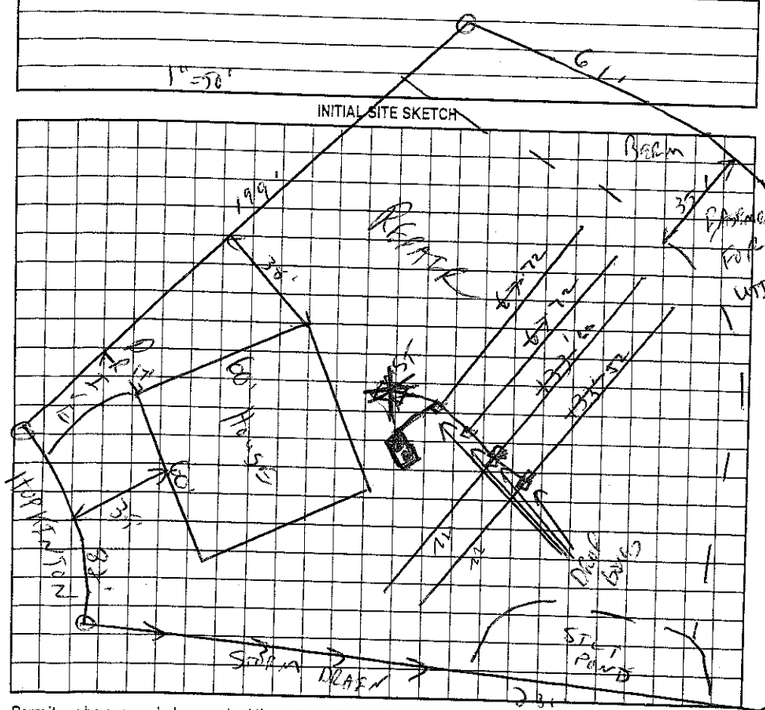
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

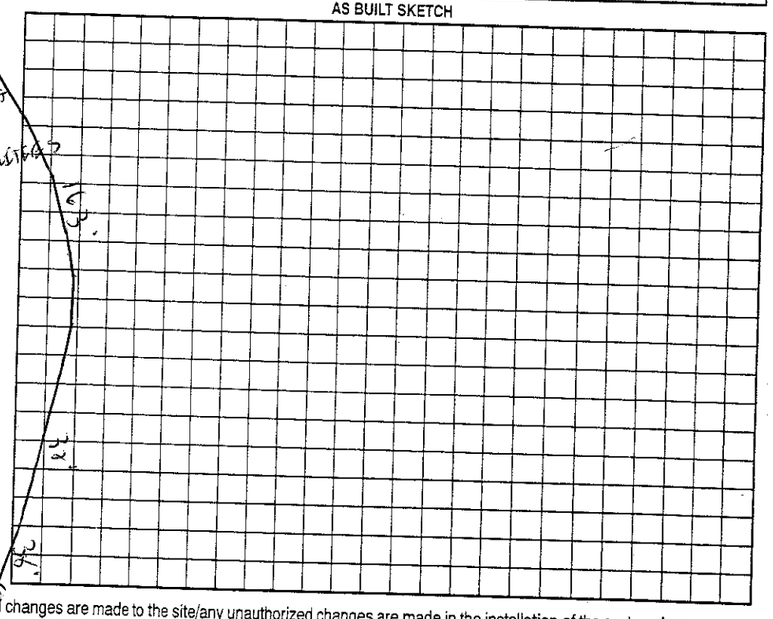
Comments:/Conditions: 1"=50'

Comments:/Conditions: Reviewed Floor plans & site plan in compliance with orginal permit

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: Kathleen Raver date 4/15/05 Installed by: R+H

Improvement Permit by: _____ date 4/12/05 Operation Permit by: Wesley Sparks R.S. date 12/12/07

Authorization to Construct by: _____ RS date 12/12/04 Existing System Inspection by: _____ date _____

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