IREDELL COUNTY HEALTH DEPARTMENT

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

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

3:30 $300

PERMIT# 101234 PIN# 4625-94-1664.831 4624-49-8742 DATE July 16, 03

OWNER OR CONTRACTOR CRI/ Brookshire Const. PHONE: Business _____ Home _____

ADDRESS 19900 Hwy 73 W. Cornelius, N.C. 28031

LOCATION Pinnacle Sch Rd. TR Lightship TL Swayne on Right at end

SUBDIVISION The Point BLOCK / SECTION B LOT 31 LOT AREA 44437ft² SITE CLASS. PS DESIGN FLOW 460gpd L.T.A.R. .3

Septic Tank 1500 Gallons; STB 338 Date 6/15/03

Pump Tank: 1000 Gallons; PT 27 Date 5/23/03

Pump Make: Goulds Model WE07J2HA1 Serial No. F03488M 160

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

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: pm - 25% Reduction

Repair System Description: LPP PBPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

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

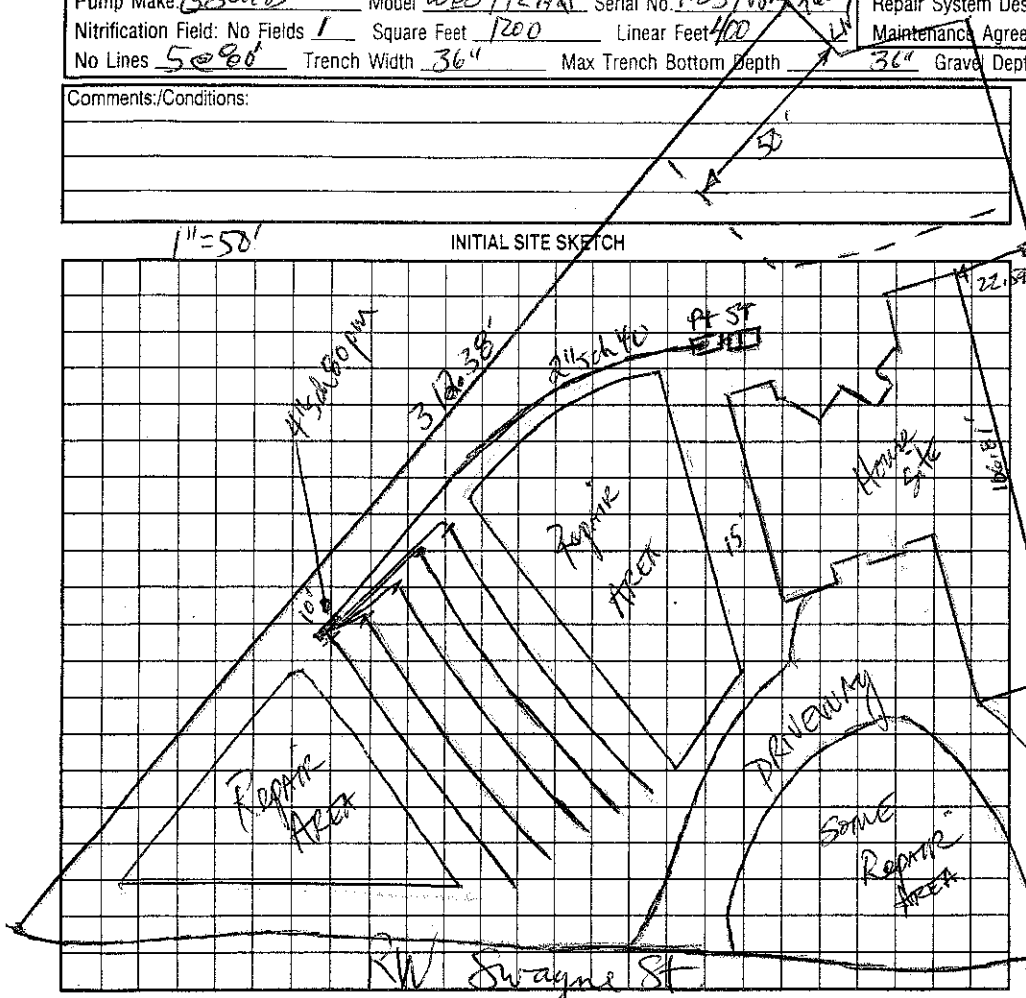
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

EZ Flow Installed

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 _____ Installed by: Hall Mason Const.

Improvement Permit by: _____ date 7-16-03 Operation Permit by: _____ date 8/15/03

Authorization to Construct by: _____ date 7-16-03 Existing System Inspection by: _____ date _____

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