IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 109535 206249 PIN# 4624-27-5705, 4754-59-2269 Dave Gaus DATE 5-16-07

OWNER OR APPLICANT Ron League / DG Custom Homes PHONE: Business 704 400-2307 Home 177 Cape Cod Way

ADDRESS 631 Brawley School Rd Mville, NC

LOCATION Brawley Sch. Rd. Don Torrence Chapel, Q Shell Barn, Q Cape Cod, on Left just before Quinn St

SUBDIVISION The Point on Norman BLOCK / SECTION 11 LOT 1151 LOT AREA 1.48 Acres SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .25 gpd/ft²

Septic Tank: 1500 Gallons; STB 538 Date 3-17-15

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☒ New System ☐ Repair ☐ Expansion System Type: I ☒ III IV V VI

System Description: 25% Reduction - Gravity

Repair System Description: Same / With Pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

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

No. Bedrooms 5 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☐ Public ☒ Community

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

Comments:/Conditions:

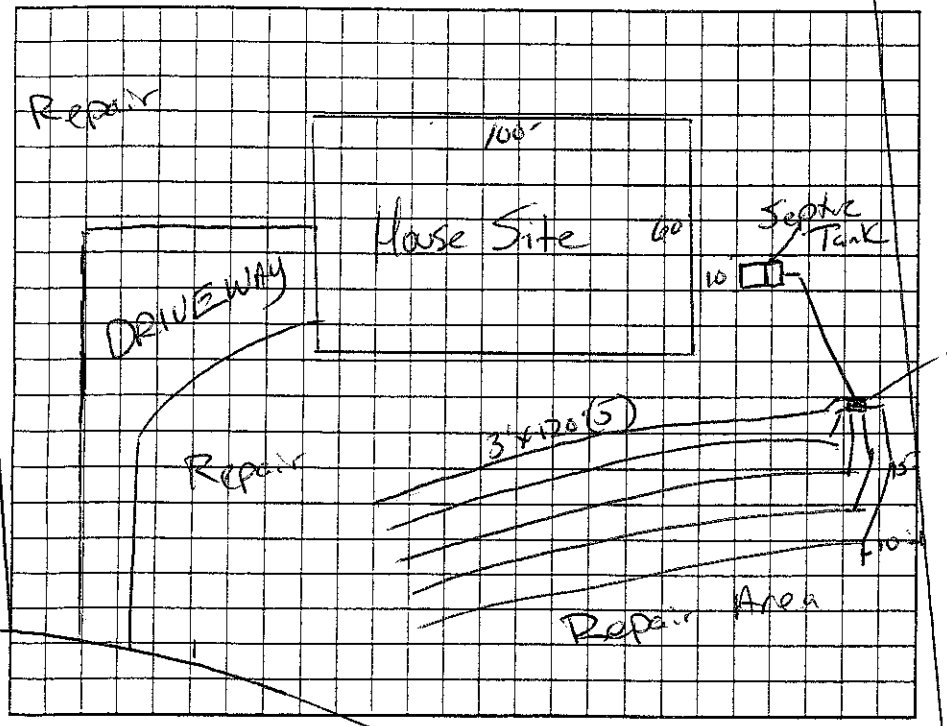
Earth Privacy Berm

Comments:/Conditions:

- Leave Repair Areas undisturbed/natural

10/1/14 Renewed Floor Plans, in Compliance with Improvement 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: Jerome date 5/22/07

Improvement Permit by: Josh E Alt date 5-16-07

Authorization to Construct by: Marion R Odom RS date 10/1/14

Installed by: STEVE JORDAN

Operation Permit by: [signature] date 5-1-15

Existing System Inspection by: ____ date ____

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