...L COUNTY HEALTH DEPARTMENT

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

...OVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

290.00 tg 10 .2:00

...T# 109529 PIN# 4624275705.1119 4624672805

OWNER OR CONTRACTOR John R. Poore DATE 9-22-05

ADDRESS 105 Independence Pt. Pkwy Ste 100 Matthews, NC PHONE: Business 847-0496 Home Eric Hough 201-7425

LOCATION Brawley School Rd TL Torrence Chapel TL Shellburne on right

SUBDIVISION The Point BLOCK / SECTION 11 LOT 1119 LOT AREA 38,348 SITE CLASS PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 8-13-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500'

No Lines 7 Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: Gravity - 25% Reduction

Repair System Description: Pump-Up Panel Blk

Maintenance Agreement Required: [ ] Yes [X] No Not initially

Gravel Depth N/A

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 5 No. Bathrooms ___ No. Employees ___

[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

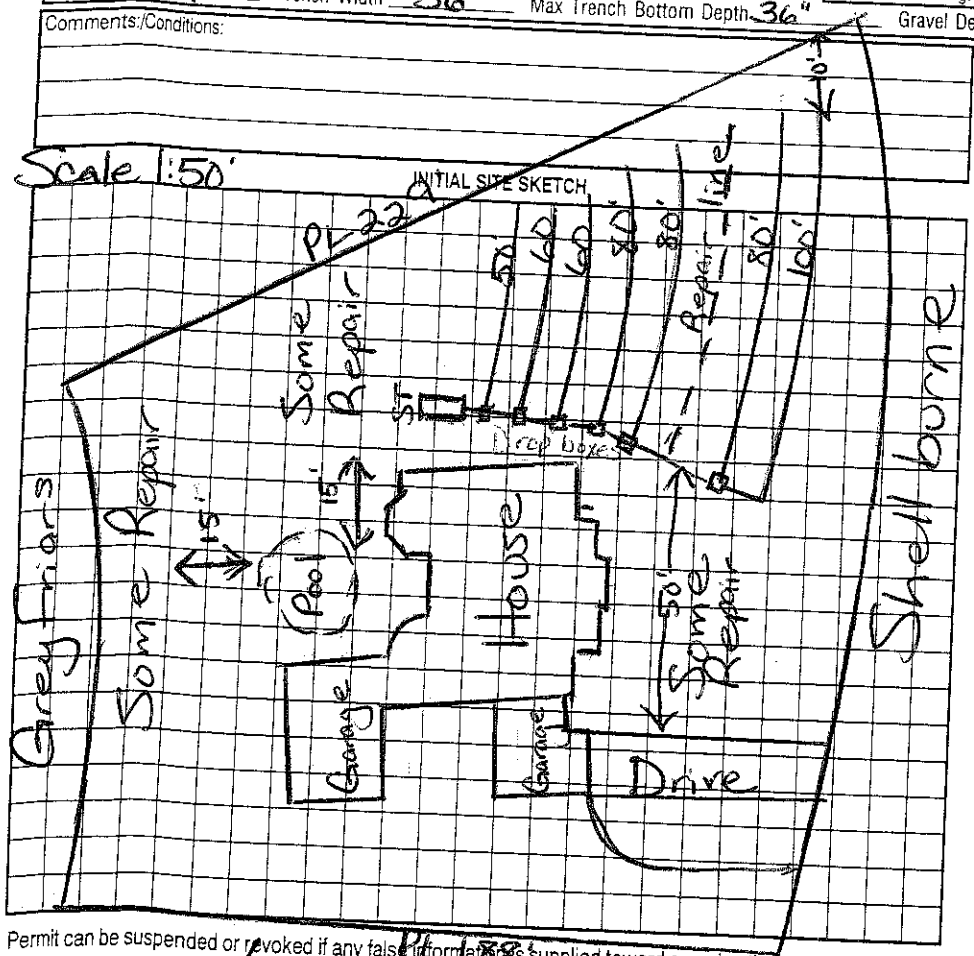
Water Supply: [ ] Individual [X] Public [X] Community

Comments/Conditions:

Comments/Conditions: Note: water line runs through yard in front of house; will have to be shored when repair is installed. Replaces permit issued 2/21/05

Scale 1:50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown

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: Eric Hough

Improvement Permit by: Maria H. Dolson RS date 9-22-05

Authorization to Construct by: Maria H. Dolson RS date 9/22/05

Installed by: R & F

Operation Permit by: Maria H. Dolson RS date 9/26/05

Existing System Inspection by: _____ date _____

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