IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 195.00 Paid MOORESVILLE 704-664-5281 2130

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

PERMIT# 109 531 PIN# ~~4624-27-5965,H20~~ 4624-67-3763 DATE 2/27/04

OWNER OR CONTRACTOR John R. Poore Builders PHONE: Business _____ Home _____

ADDRESS 2214 Brawleys Bluff Rd Mooresville NC 28117

LOCATION BSR, TL Torrence Chapel, TL Shelburne on Rt

SUBDIVISION Point BLOCK / SECTION 11 LOT 1120 LOT AREA 34,045 FT² SITE CLASS PS DESIGN FLOW 430 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 338 Date 10/29/04
Pump Tank: 1000 Gallons; PT 283 Date 10/30/04
Pump Make: Goulds Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270'
No Lines 6 @ 45' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP Panel Block
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4½ No. Employees ____

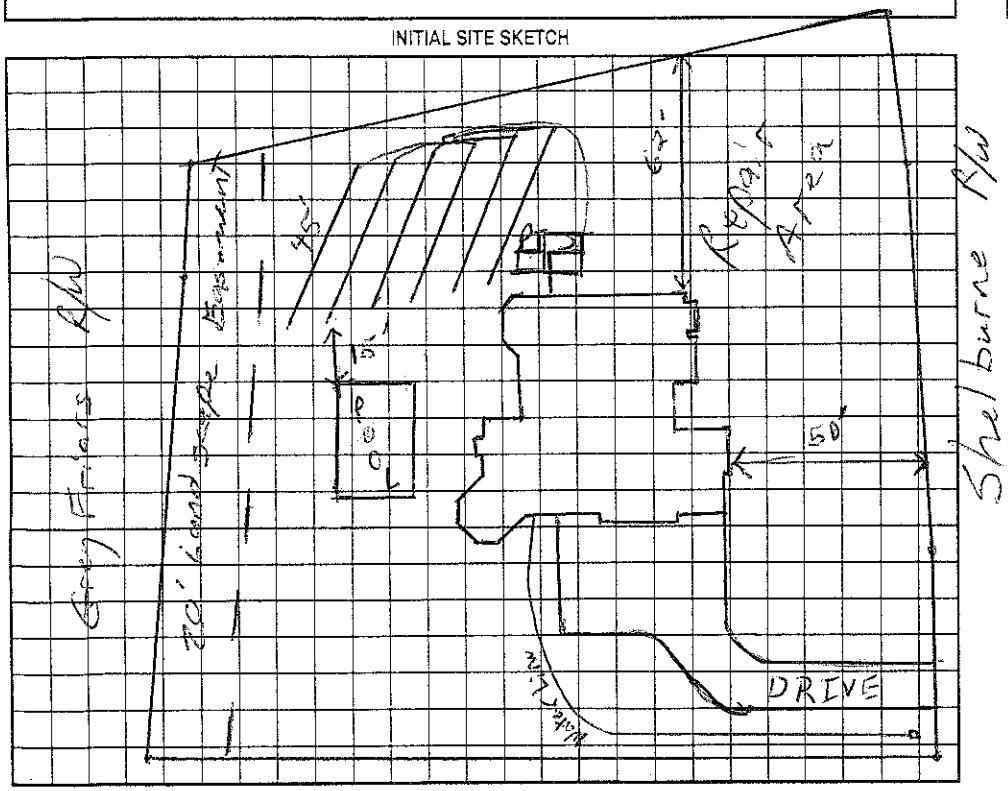
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

Comments:/Conditions: Checked 1st line & tanks 12/3/04

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn

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 3-2-04 Installed by: R&H RS

Improvement Permit by: RS date 2/27/04 Operation Permit by: Maria H. Dotson date 12/13/04

Authorization to Construct by: RS date 2/27/04 Existing System Inspection by: _____ date _____

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