IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-[illegible]5281

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

PERMIT# 108134 PIN# 4634-27-5905, #1128 4624-67-5857 DATE Oct 29, 02

OWNER OR CONTRACTOR The Ramton Norman / Cygnet Resources, Inc. / BrookShire PHONE: Business _____ Home _____

ADDRESS 2219 Brawley Sch Rd. Mooresville, N.C. 28117

LOCATION Brawley Sch Rd. TL Torrence Chapel TL Shelburne on left

SUBDIVISION The Point BLOCK / SECTION II LOT 1128 LOT AREA 34,161 ft² SITE CLASS. FS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: ~~1000~~/800 Gallons; STB 421 Date ~~12/5/31~~ 12/5/31

Pump Tank: 1000 Gallons; PT 283 Date 12/5/31

Pump Make: MYERS Model ME150 Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270

No Lines 3@90' Trench Width 24" min 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: LP PPBRS

Repair System Description: LP PPBRS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4/4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

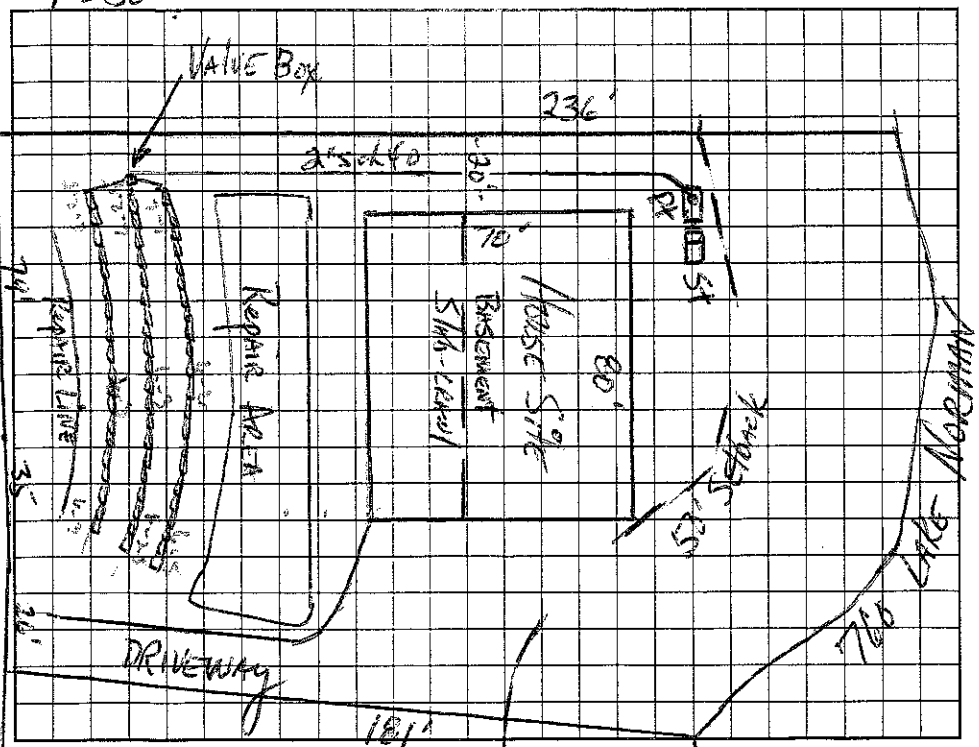
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: OR 36" MAX 9'cc

Reviewed Building plans & Site plans & in Compliance with LP Mfg

Comments:/Conditions: (PARTIAL)

INITIAL SITE SKETCH 1"=50'



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: _____ date 11/17/02 Installed by: _____

Improvement Permit by: _____ date 10-29-02 Operation Permit by: _____ date 11/16/04

Authorization to Construct by: _____ date 1/7/03 Existing System Inspection by: _____ date _____

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