IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $245 MOORESVILLE 704-664-5281

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

PERMIT# 108137 PIN# ~~4624~~ 27 ~~5905~~ ~~1131~~ 4624-68-1173 DATE 1/10/03

OWNER OR CONTRACTOR Brookshire Const. Co. PHONE: Business 704-895-5670 Home

ADDRESS 19900 Hwy 73 Ste. D Cornelius, NC. 28031

LOCATION 1100 Tl Torrence Chapel Tl Shelbourne Pl. on (L)

SUBDIVISION Point BLOCK / SECTION 11 LOT 1131 LOT AREA 36000+ SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .2

Septic Tank: 1500 Gallons; STB 338 Date 9/26/03
Pump Tank: 1000 Gallons; PT 27 Date 9/5/03
Pump Make: Gould's Model WE-0712 S/N No. J0263423
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 400
No Lines 4@100' Trench Width 2-3' Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: Pres Dosed 16" PPBPS
Repair System Description: 25% of SFE 1131A
Maintenance Agreement Required: ☒ Yes ☐ No

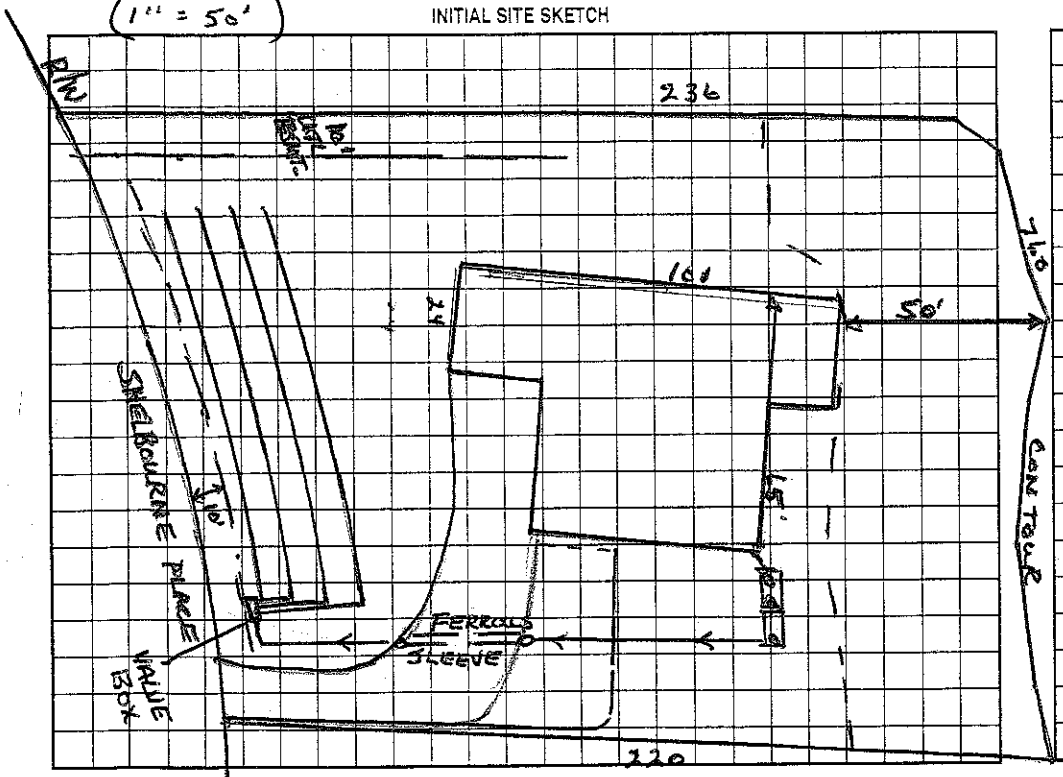
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: MAX 36" Trench bottom.

Comments:/Conditions:

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 _____

Improvement Permit by: Wesley Sparks RS. date 1/10/02

Authorization to Construct by: Wesley Sparks RS. date 1/16/02

Installed by: Hallman Const.

Operation Permit by: _____ RS date 11/4/03

Existing System Inspection by: _____ date _____

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