3130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101219 PIN# ~~4625-94-6848~~ 4625-50-5645 DATE 10-30-03

OWNER OR CONTRACTOR Tom Stevenson Builders PHONE: Business 660-6638 Home 201-7270

ADDRESS 631 Brawley School Rd. Ste. 503 Mooresville, NC 28117

LOCATION Brawley School Rd TR Lightship Dr on right

SUBDIVISION The Point BLOCK / SECTION 8 LOT ~~1500~~ 880 LOT AREA 38,738 Ft² SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .25 - .3

Septic Tank: 1500 Gallons; STB ~~1500~~ 1312 Date 8-17-04

Pump Tank: 1000 Gallons; PT 421 Date 7-25-04

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines 6 Trench Width 24"-36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

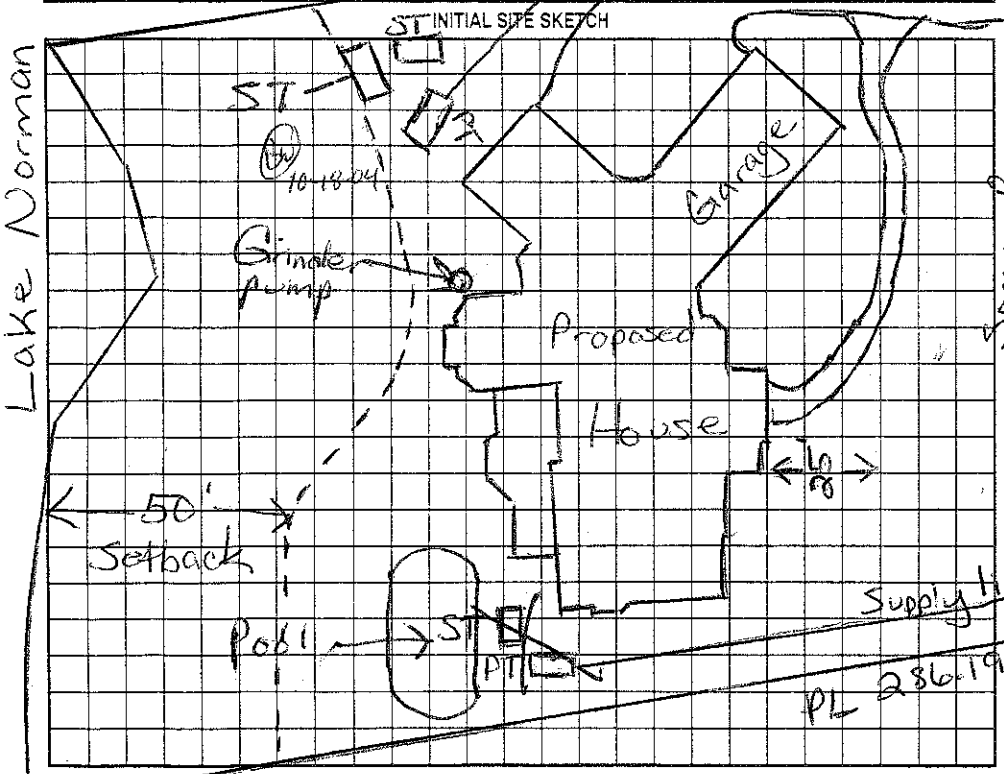
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: See attached Engineer's Plan Re: Extra pump

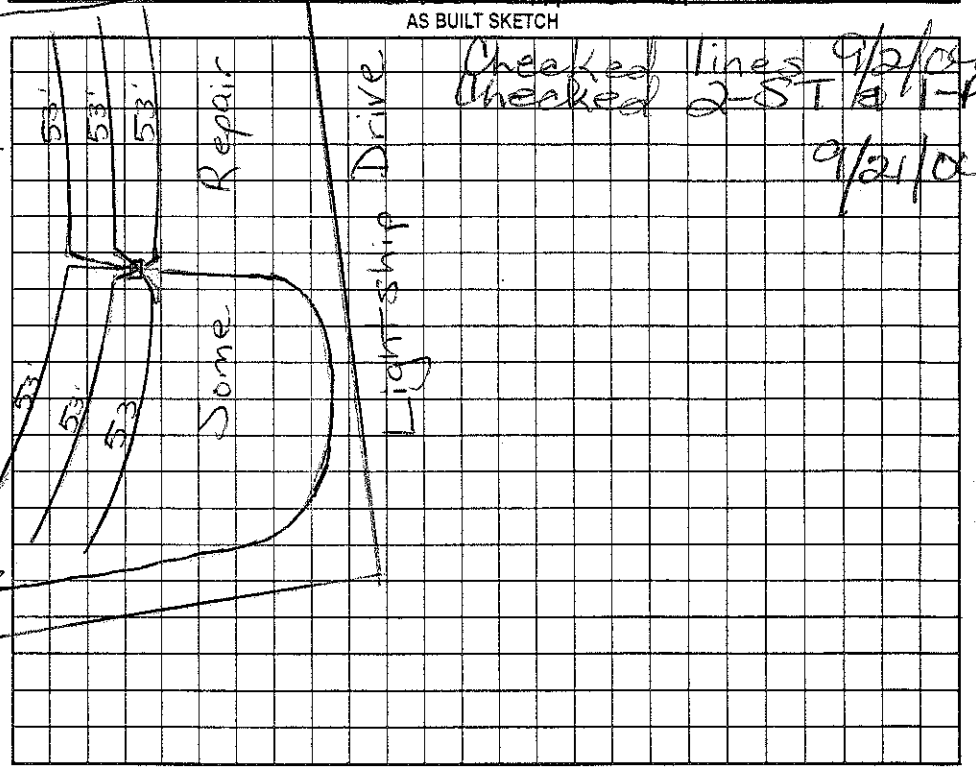
Scale 1:40

Comments/Conditions: Keep Septic System at least 10' from PL & 50' from lake. Keep Drainfield at least 25' from basement wall

INITIAL SITE SKETCH



AS BUILT SKETCH



Checked lines 9/21/04
Checked 2-ST & 1-PT
9/21/04

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 11/03/03 Installed by: _____

Improvement Permit by: Maria H. Colegrove RS date 10/30/03 Operation Permit by: Maria H. Colegrove RS date 10/18/04

Authorization to Construct by: Maria H. Colegrove RS date 10/30/03 Existing System Inspection by: _____ date _____

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