IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14559 PIN# ~~4625 71 9476.3~~ 4625 04 0324 DATE 9/5/03

OWNER OR CONTRACTOR POINT ON NORMAN Gm Helms PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL RD - MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - TL NEW HAVEN - TR LYNNFIELD - ON LT

SUBDIVISION POINT BLOCK / SECTION 12 LOT B103 LOT AREA 48,628 SITE CLASS. FS DESIGN FLOW 480GPD L.T.A.R. .36 AC/A

Septic Tank: ~~1000~~ 1500 Gallons; STB 444 Date 4/8/06

Pump Tank: ____ Gallons; PT ____ Date

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: PUMP SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ ~~House~~/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

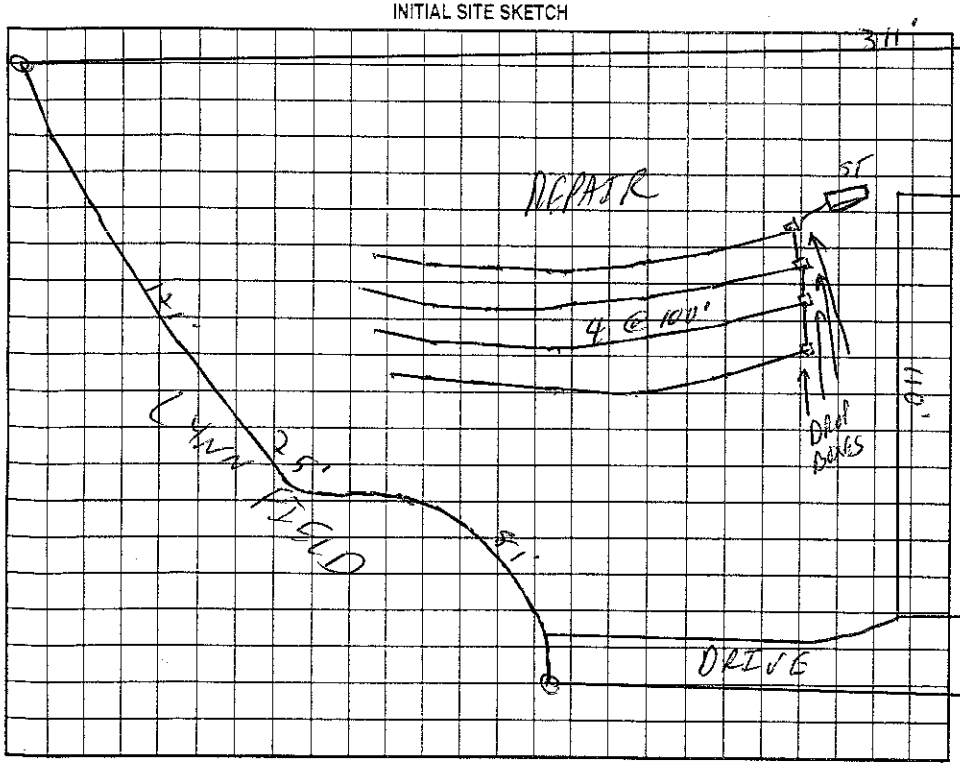
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

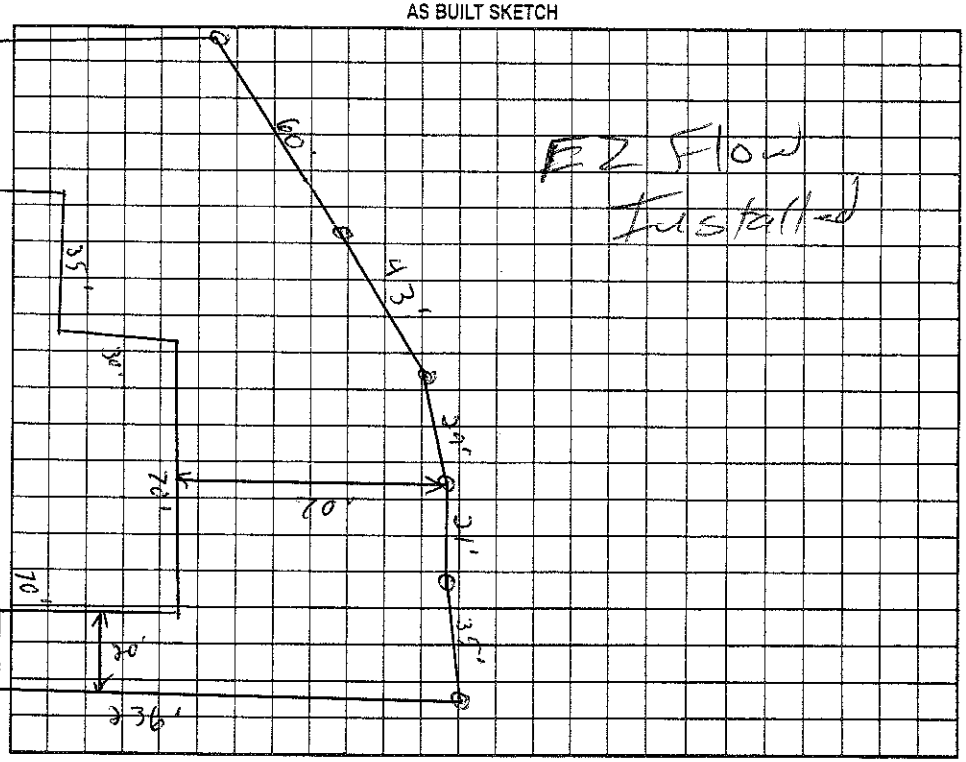
Comments:/Conditions: Reviewed Bulding plans & site plans, essentially in compliance with IP. 1"=50'

Comments:/Conditions:

INITIAL SITE SKETCH



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 9-23-03 Installed by: R + H

Improvement Permit by: ____ RS date 9/5/03 Operation Permit by: ____ RS date 7/24/06

Authorization to Construct by: ____ RS date 11/5/04 Existing System Inspection by: ____ date ____

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