IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114564 PIN# ~~4625 77 7476.7~~ 4625 00 9054 DATE 9/5/03

OWNER OR CONTRACTOR THE POINTON NORMAN HUBBS & ASSOCIATES PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL - MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - T L NEW HAVEN - TR ~~SOUTH~~ ON FELLOW ON RT

SUBDIVISION POINT BLOCK / SECTION 12 LOT 207 LOT AREA 42,258 SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .360/FT2

Septic Tank: 1500 Gallons; STB 383 Date 7/31/05

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines ~~5 @ 80'~~ 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/GRAV. SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☐ ~~House/Mod. Home~~ No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

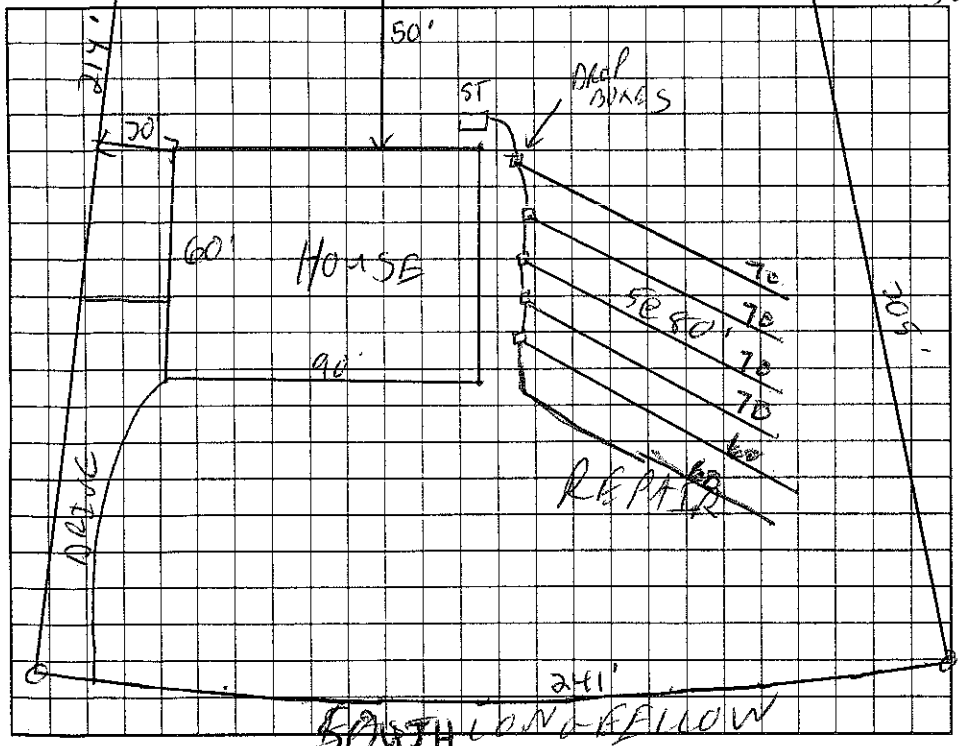
☐ Other

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

Water Supply:
☐ Individual
☐ Public
☑ Community

Comments:/Conditions: IF PLUMBING IS NOT STUBBED OUT HIGH SYSTEM WILL BE PUMPED.

INITIAL SITE SKETCH 1"=50'



Comments:/Conditions: EZ Flow installed

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: [signature] date 9-23-03 Installed by: R+H Const.

Improvement Permit by: [signature] RS date 9/5/03 Operation Permit by: Wendy Sparkes date 9/8/05

Authorization to Construct by: [signature] RS date 11/8/07 Existing System Inspection by: date

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