IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 130

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

PERMIT# 114570 PIN# 4685 71 7476.31 4625-61-9860 DATE 9/22/03

OWNER OR CONTRACTOR POINT ON NORMAN / LAKE NORMAN S/D. Homes PHONE: Business 660-1185 Home

ADDRESS 2214 BRAWLEY SCHOOL ROAD MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - ON LT JUST PAST YACHT RD

SUBDIVISION POINT BLOCK / SECTION 12 LOT 1231 LOT AREA .5311+/- SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .25600/RR

Septic Tank: ~~1000~~ 1500 Gallons; STB 444 Date 6/19/06

Pump Tank: ~~1000~~ 1500 Gallons; PT 477 Date 6/24/06

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: PUMP OFF SITE 25% REDUCTION

Repair System Description: OFF SITE LP 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

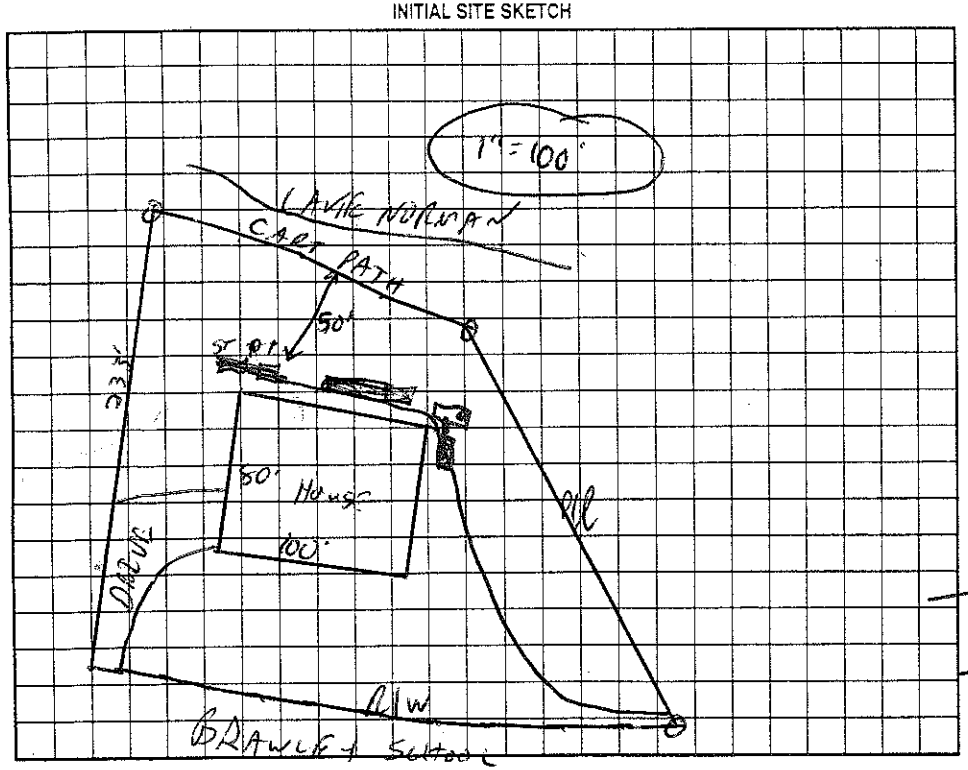
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

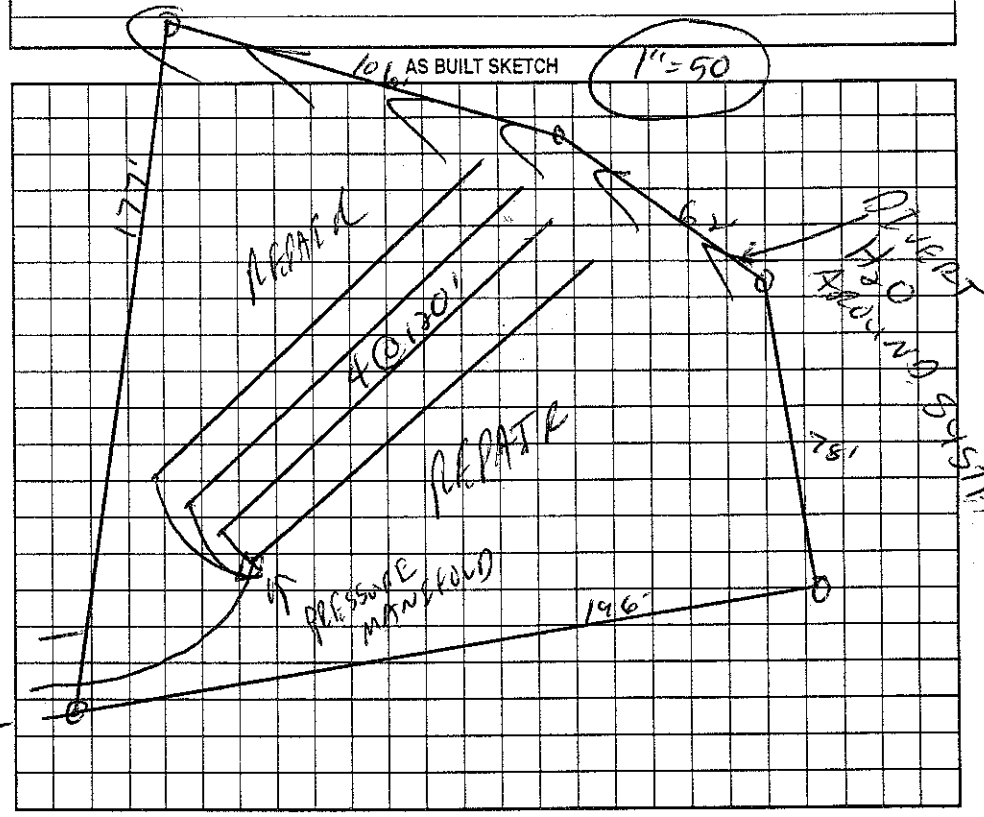
Comments:/Conditions: SEE PLAT FOR SUPPLY LINE EASEMENT

Comments:/Conditions: EZFLOW INSTALLED

INITIAL SITE SKETCH



AS BUILT SKETCH 1"=50



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: Hallman

Improvement Permit by: C. [illegible] RS date 9/22/03 Operation Permit by: Wesley Sparks RS date 10/31/06

Authorization to Construct by: [signature] date 11/17/05 Existing System Inspection by: _____ date _____

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