IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (D) MOORESVILLE 704-664-5281

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

PERMIT# 094957 PIN# 4625941684(pt) 4625621235 DATE 9/29/03

OWNER OR CONTRACTOR Tom Stevenson Builders PHONE: Business 309-7473 Home

ADDRESS 631 Brawley School Rd Ste 503 Mooresville NC 28117

LOCATION Brawley School Rd. TR Athletboro TL Rehoboth 4th lot on left

SUBDIVISION The Point BLOCK / SECTION 7 LOT 735/735A LOT AREA 38,631 Sq ft SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 338 Date 6-8-04

Pump Tank: 1000 Gallons; PT 27 Date 6-8-04

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500'

No Lines 5@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: 25% Reduction (pumped)

Repair System Description: 2m Innovative offsite

Maintenance Agreement Required: ☐ Yes ☒ No 735A

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

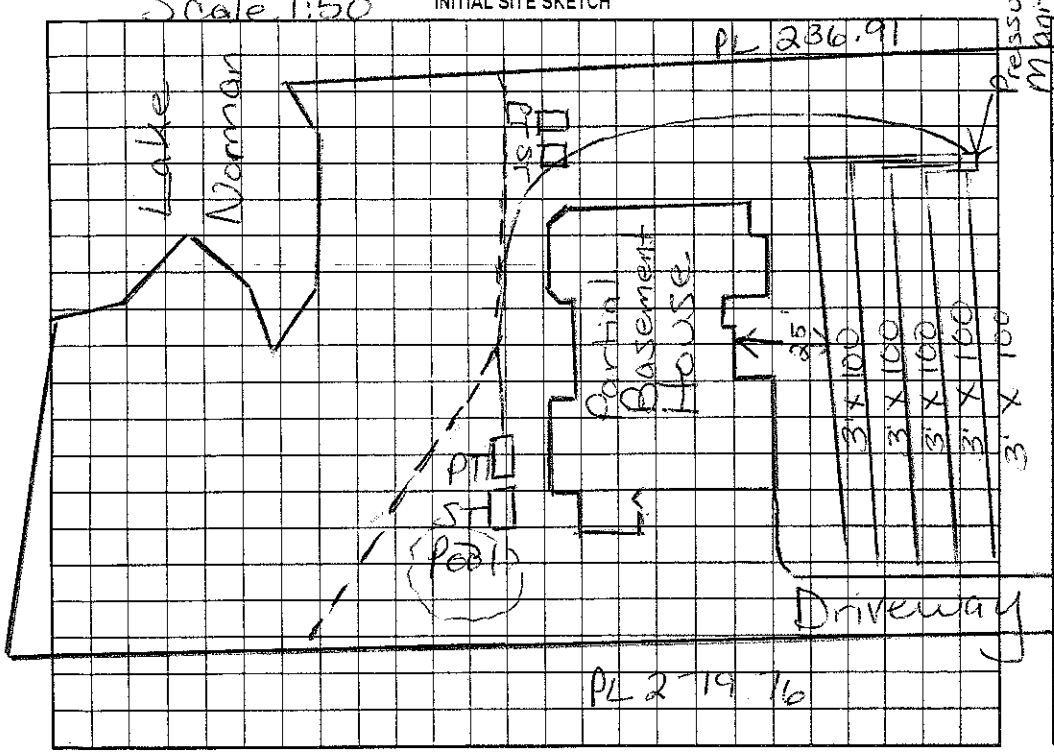
☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

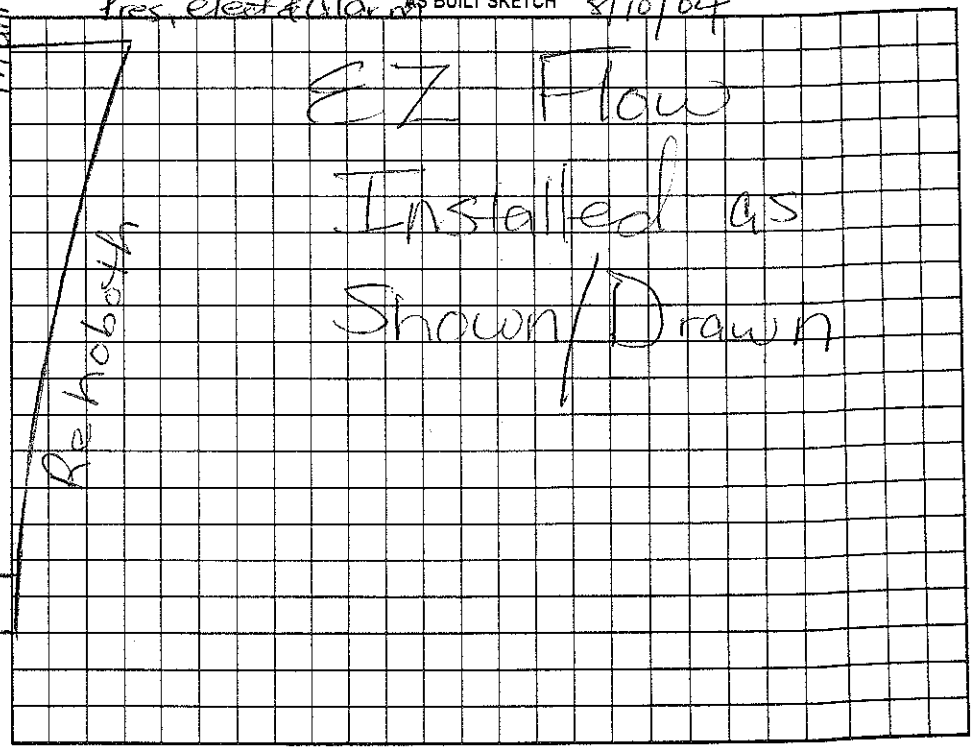
Comments:/Conditions: 36" Minimum trench bottom depth
Keep Septic System at least 10' to PL
& 50' From Lake.

Comments:/Conditions: Partial
☒ Must keep 25' Setback between basement wall and drainlines
Tanks Checked 7/14/04 Checked lines 7/16/04 MC
Pres. elect & alarm

INITIAL SITE SKETCH



AS BUILT SKETCH 8/10/04



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: Ben Word date 9/29/03 Installed by: R & I

Improvement Permit by: Maria H. Dolson RS date 9/29/03 Operation Permit by: Maria H. Dolson date 8/10/04

Authorization to Construct by: Maria H. Dolson date 9/29/03 Existing System Inspection by: _____ date _____

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