IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 500.00 Rec'd MOORESVILLE 704-664-5281

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

PERMIT# 094929 PIN# 4625 94 6840 (21) 4625-63-1087 DATE Sept. 26, 01

OWNER OR CONTRACTOR Gregory T Rasmussen dba Brookshire Construction PHONE: Business 895-5320 Home

ADDRESS P.O. Box 1003, Charlotte, NC 28200 N. Catawba Cornelius, NC 28031

LOCATION Brawley Sch Rd TR Hitchcock Est and Right

SUBDIVISION The Point BLOCK SECTION 7 LOT 711 LOT AREA 9.518 AC ± & SEE 711A SITE CLASS A DESIGN FLOW 440gpd L.T.A.R.# 3, Initial 1 - 2 Repair 711A

Septic Tank: 1500 Gallons STB 338 Date 5/29/02

Pump Tank: 1000 Gallons P1 27 Date 5/24/02

Pump Make: Gould Model NSE3HH Serial No E925154

Manifolded Field: No Feeds 1 Square Feet 600/900 Linear Feet 300

No Lines 5 Trench Width 24" Rw 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LPPBS

Repair System Description: LPPBS on 711A (720)

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 w/o plumbing

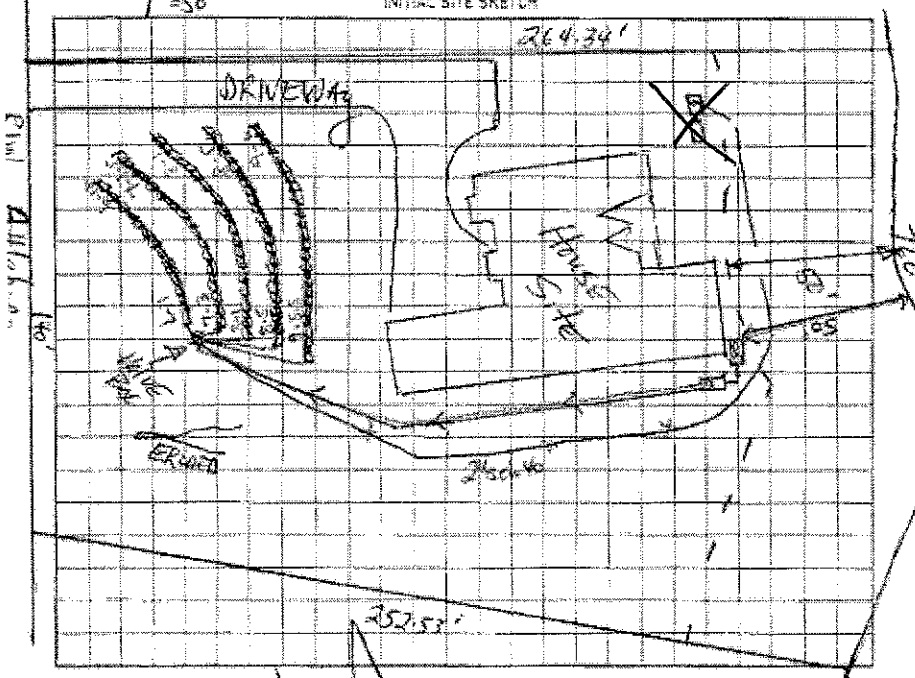
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments/Conditions: Or 36" max Gloc

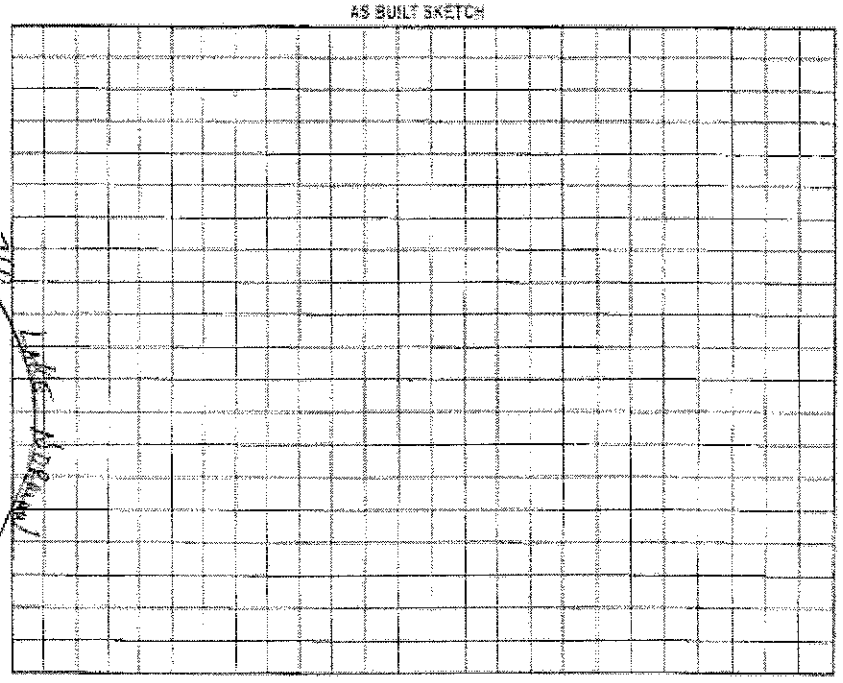
This permit replaces earlier permit issued 5-14-01.

Comments/Conditions

INITIAL SITE SKETCH 1"=50'



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 9/27/01 Installed by: Hallmon Const

Improvement Permit by: [signature] RS date 9-26-01 Operation Permit by: Wesley Sparks RS date 8/1/02

Authorization to Construct by: [signature] RS date 9-26-01 Existing System Inspection by: _____ date _____

HEALTH DEPT COPY WHITE OWNER COPY PINK 1 OF 2 OWNER COPY PINK 2 OF 2