IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114 661 PIN# 4625 71 7476.23 4625-70-2609 DATE 9/8/03

OWNER OR CONTRACTOR POINT ON NORMAN / DIBBLE CONST PHONE: Business 660-1180 Home

ADDRESS 5214 BRAWLEY SCHOOL - MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - TL NEW HAVEN - TL ~~LONGFELLOW~~ NORTH LONGFELLOW ON RT

SUBDIVISION POINT BLOCK / SECTION 12 LOT 123 LOT AREA 3.791 AC SITE CLASS. PS DESIGN FLOW 440GPD L.T.A.R. 25080 SQ FT

Septic Tank: ~~1500~~ Gallons; STB 744 Date 2/15/06

Pump Tank: 1000 Gallons; PT 27 Date 2/16/06 MWS

Pump Make: Goulds Model WE0512HH Serial No. 486

Nitrification Field: No Fields 6 Square Feet 1440 Linear Feet 6@80 MWS

No Lines 6 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: PUMP 25% REDUCTION

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees

Water Supply: ☐ Individual ☐ Public ☐ Community

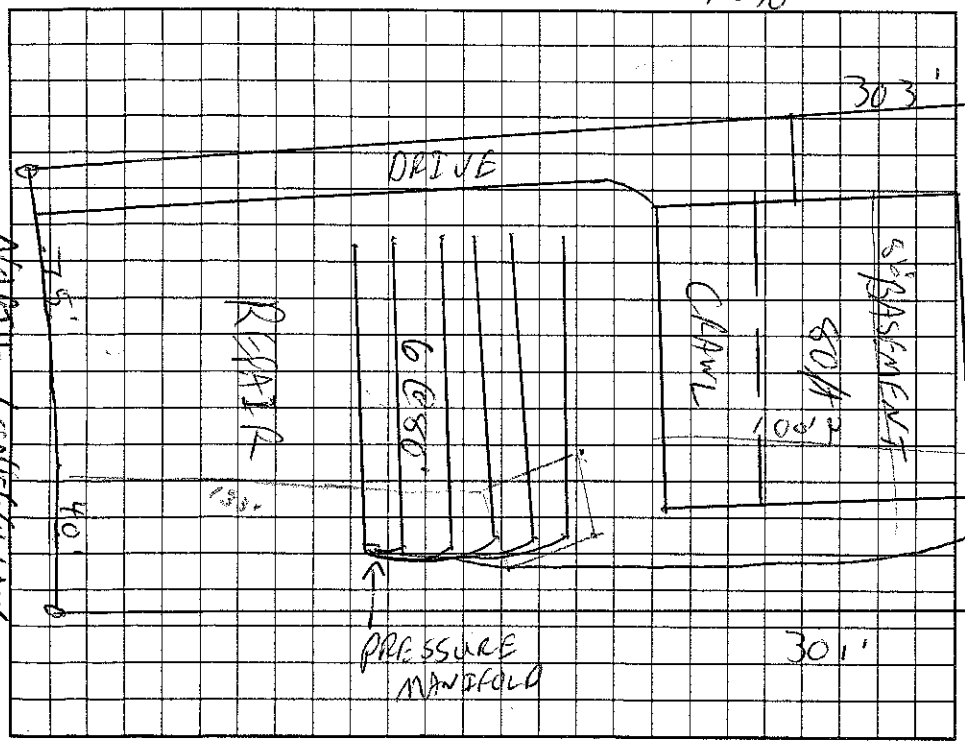
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: MWS

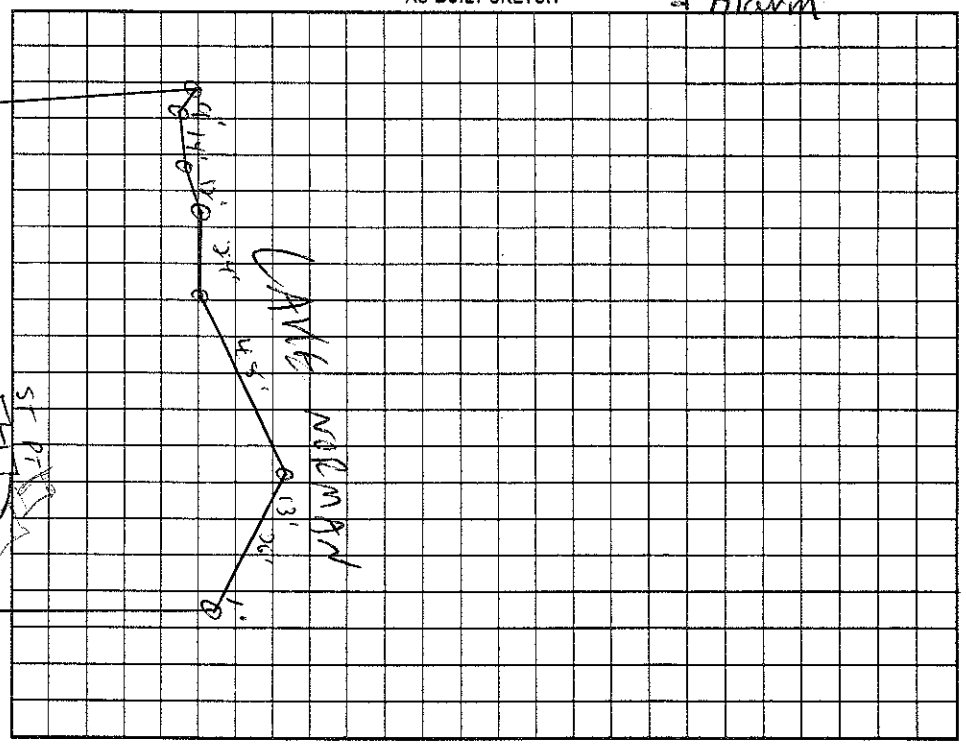
Comments:/Conditions: PARTIAL MWS

Electrical 7-28-06 JM + Alarm

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: [signature] date 9-23-03 Installed by: Orbison

Improvement Permit by: [signature] RS date 9/8/03 Operation Permit by: Judy Mashburn date 7-28-06

Authorization to Construct by: [signature] RS date 6/13/05 Existing System Inspection by: date

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