IREDELL COUNTY HEALTH DEPARTMENT

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

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

130 Good to 2013

PERMIT# ~~11982~~ 175916 PIN# ~~4625-83-4957-1349~~ 4625729185 DATE June 15, 04

OWNER OR CONTRACTOR Lennar Resources dba/ The Pointe at Nixon / Plattner-Chapin PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd, Mooresville N.C. 28117

LOCATION Brawley Sch Rd TL Yacht Rd. TL Milford Circle TL Alton Ct. Lot at end SFE @ jct of Milford Circle Home #119

SUBDIVISION The Point BLOCK / SECTION 13 LOT 1349 LOT AREA .94 ac+ .312 AC SITE CLASS. PSSFE DESIGN FLOW 480 gpd L.T.A.R. .25 SFE 1354-1349 (.12 onsite)

Septic Tank: 1000+ Gallons; STB 444 Date 4-20-13

Pump Tank: 1000 Gallons; PT 288 283 Date 4-27-13

Pump Make: Orenco Model PF 300513 Serial No. _____

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

No Lines 4@120 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: Dem 25% Reduction on SFE 1354-1349

Repair System Description: LPPPDPS on SFE / 25% Red. on site

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4/4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☐ Individual ☒ Public ☑ Community

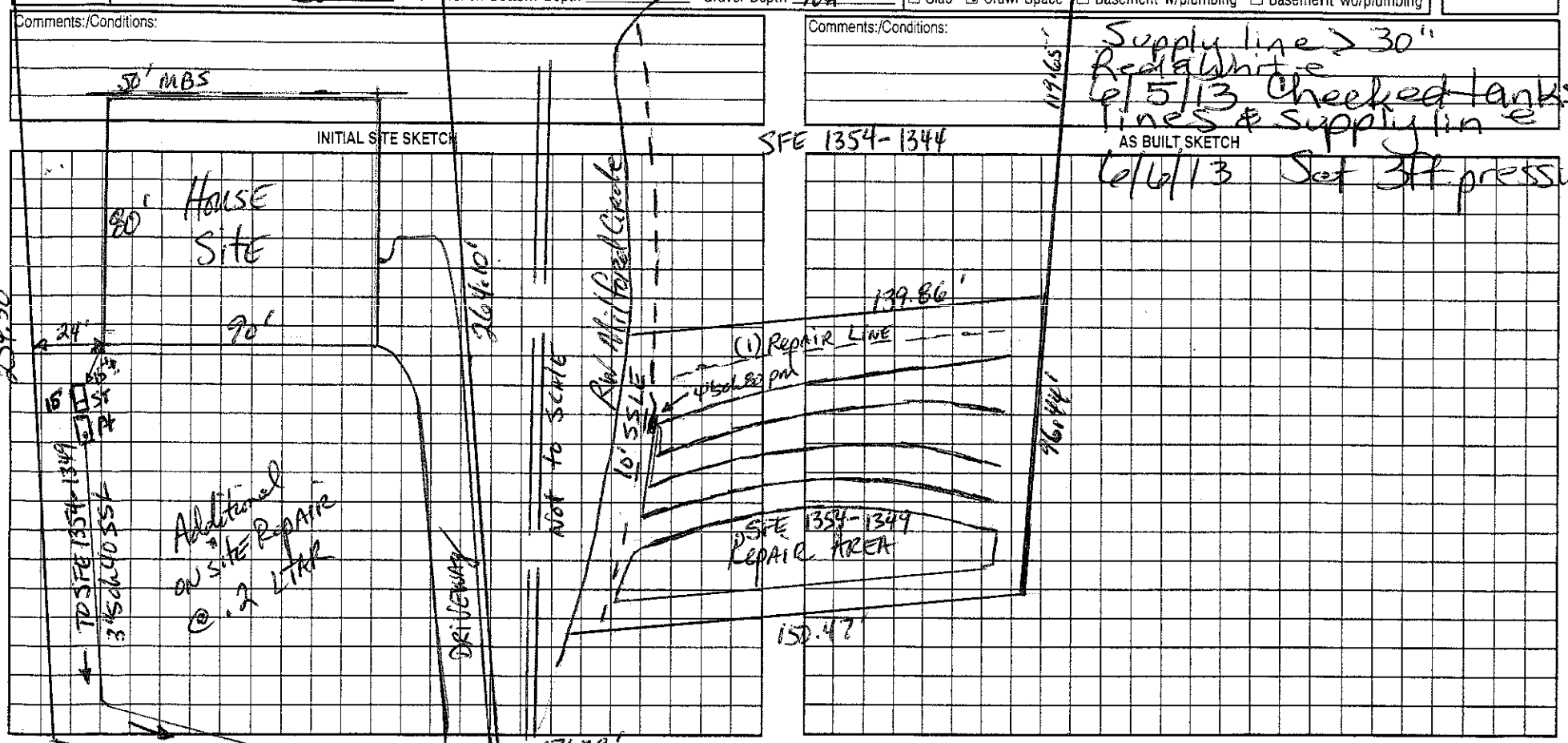
Comments:/Conditions:

Comments:/Conditions:

Supply line > 30" Red Shirt e/ 5/13 Checked tanks, lines & supply line

INITIAL SITE SKETCH

AS BUILT SKETCH 6/6/13 Set 3ft. pressure



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 _____ Installed by: Hallman Construction

Improvement Permit by: _____ date 6-15-04 Operation Permit by: _____ date 9/11/13

Authorization to Construct by: _____ date 11/16/12 Existing System Inspection by: _____ date _____

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