Pd #50.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135045 PIN# 4625736170 DATE 5-23-07

OWNER OR APPLICANT Courtland Properties PHONE: Business 658-9398 Home 363-1622

ADDRESS P.O. Box 3190 Mooresville NC 28117

LOCATION Brawley School Rd TR Attleboro TR Marbury Ct on Rt

SUBDIVISION The Point BLOCK / SECTION 6 LOT 641 LOT AREA 1.152 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 7/22/07

Pump Tank: 1000 Gallons; PT 283 Date 8/28/07

Pump Make: MYERS Model ME 75 Serial No. ______

Nitrification Field: No Fields 1 Square Feet 855 Linear Feet 285'

No Lines 5 Trench Width 36" per plan Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: Pump-LP-Panel Blk

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

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

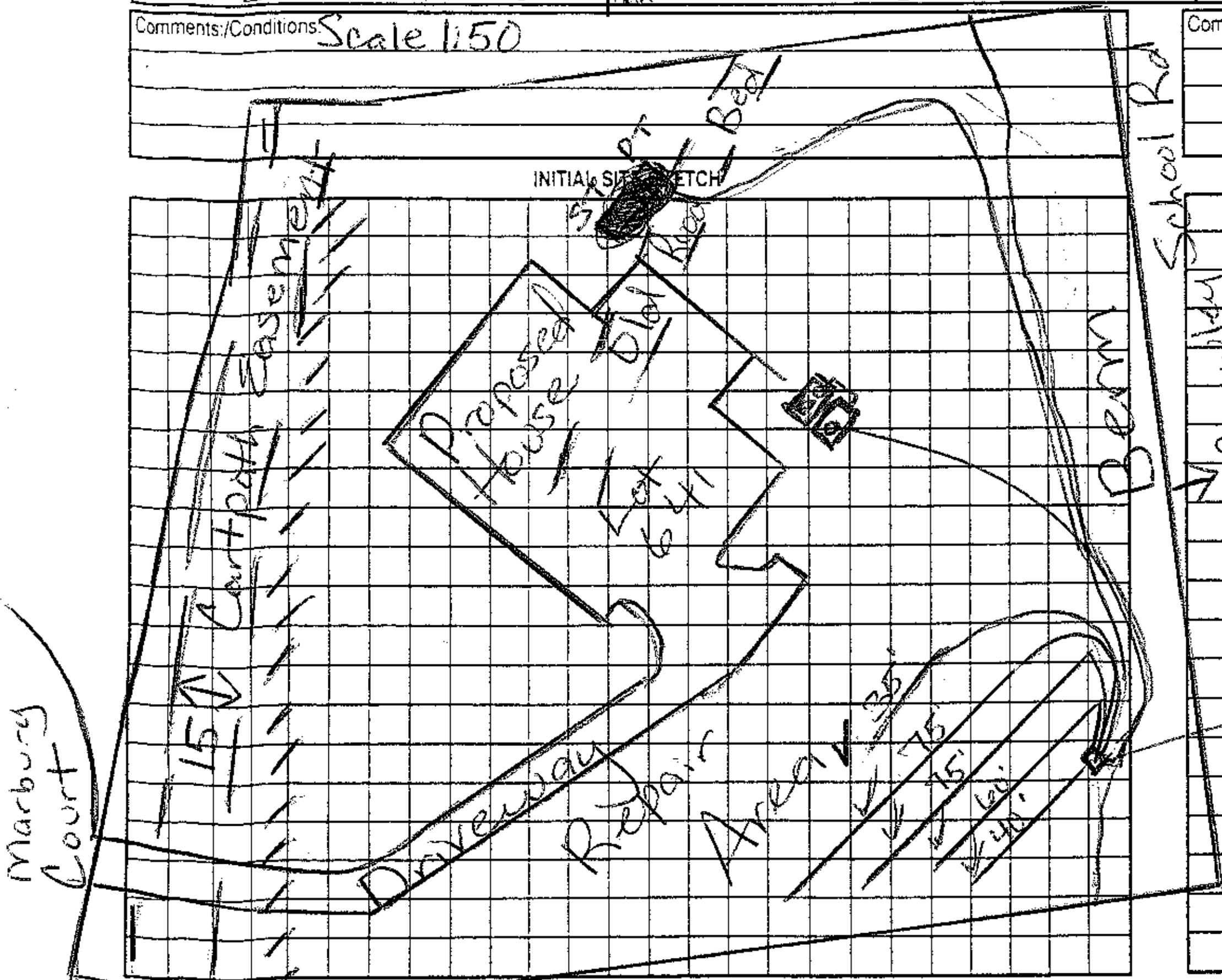
No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: Scale 1:50

Comments:/Conditions: ☆ See attached plan by Rollans Soil & Environmental Services.

INITIAL SITE SKETCH



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 5/25/07

Improvement Permit by: Maria H. Dolan RS date 5/23/07

Authorization to Construct by: Maria H. Dolan RS date 5/23/07

Installed by: Stanley Septic Tank

Operation Permit by: Wesley Sparks R.S. date 1/8/08

Existing System Inspection by: ______ date ______

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