IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 90767 PIN# 4625941684 Pt 4625-74-5081 DATE 1-11-02

OWNER OR CONTRACTOR John Poore / CRI PHONE: Business (704) 847-0492 Home Mike Perez 361-1845

ADDRESS P.O. Box 1437 Matthews, NC 28106

LOCATION Brawley School Rd. TR Stonewall Beach at end on left

SUBDIVISION The Point BLOCK / SECTION 6 LOT 636 LOT AREA 50,185 ft2 SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000+ Gallons 338 ~~1500~~ Date 1-26-02 ☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1600+ Gallons; PT 27 Date 7-9-01 System Description: LP- Panel Block

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: Pump- Panel Blk

Nitrification Field: No Fields 1 Square Feet 810' Linear Feet 270' Maintenance Agreement Required: ☒ Yes ☐ No

No Lines 3@ 90' Trench Width 24"-36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ House/Mod. Home No. Bedrooms 4 ☐ Mobile Home No. Bathrooms 4 ☐ Business No. Employees ___ ☐ Other _____

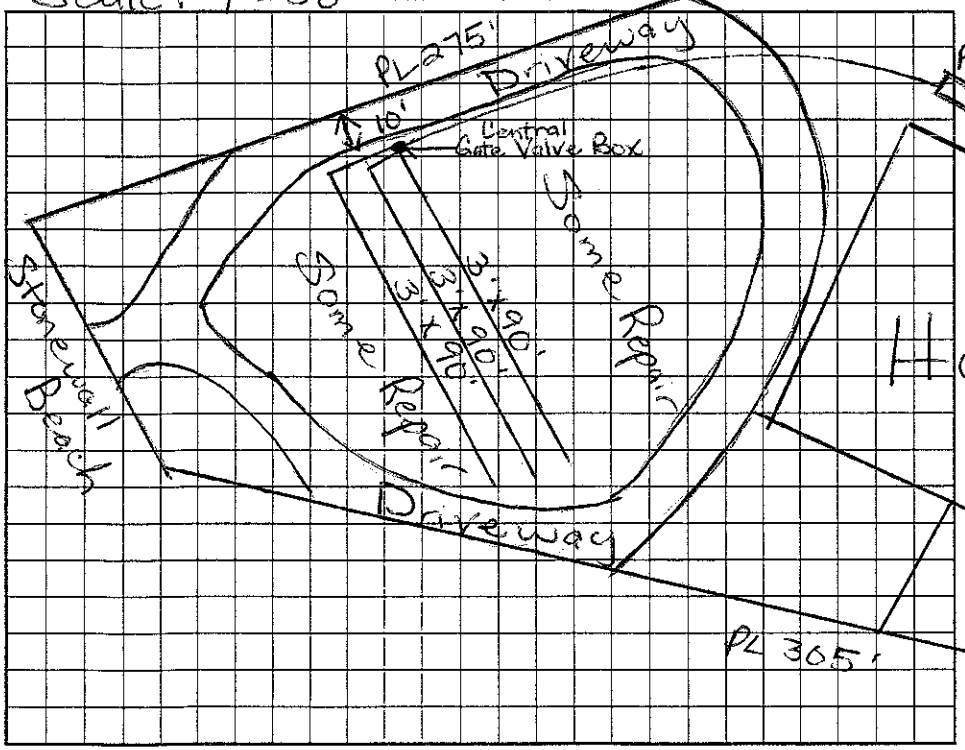
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

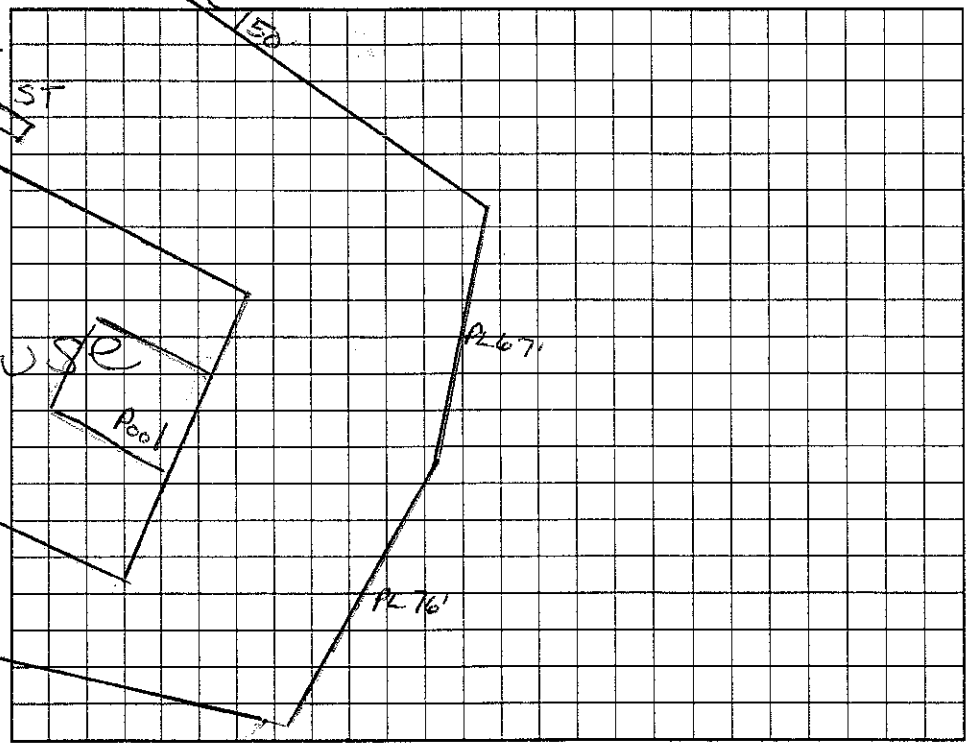
Comments/Conditions: Keep Septic System at least 10' from PL. Driveway must Not cross over Drainfield

Comments/Conditions: 3/16" hole drilled Installed Panel lines Press, elect & alarm

Scale: 1"=50' 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: _____ 1-29-02 date 1-29-02 Installed by: R & H Inc

Improvement Permit by: Maria H. Dotson R.S. date 1/11/02 Operation Permit by: Maria H. Dotson R.S. date 3/14/2002

Authorization to Construct by: Maria H. Dotson R.S. date 1/11/02 Existing System Inspection by: _____ date _____

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