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# 081253 PIN# 4625941684 4625 76 6149 DATE Dec 4 01

OWNER OR CONTRACTOR CRI II LAKE NORMAN Signature Homes PHONE: Business (704) 799-1851 Home

ADDRESS 311 Williamson Rd. Mooresville

LOCATION Brawley School Road TR Polpis TL Jeremy Pt SFE 522A on Rt past jct w/ Brick Kiln - Lot 522 on Brick Kiln Road 124 Brick Kiln Way

SUBDIVISION The Point 8 BLOCK / SECTION 5 LOT 522/522A LOT AREA 33,294 Ft + SFE SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 338 Date ~~5/10/02~~ 6/5/02 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1500 Gallons; PT 338 Date 5/10/02 System Description: PM - INNOVATIVE -25% Red

Pump Make: WEIL MCLAIN Model GOULDS Serial No 6014619 Repair System Description: SAME OR LPP/BPS

Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 600 Maintenance Agreement Required: ☐ Yes ☑ No

No Lines 6 @ 100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 5
☐ Business No. Employees
☐ Other

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

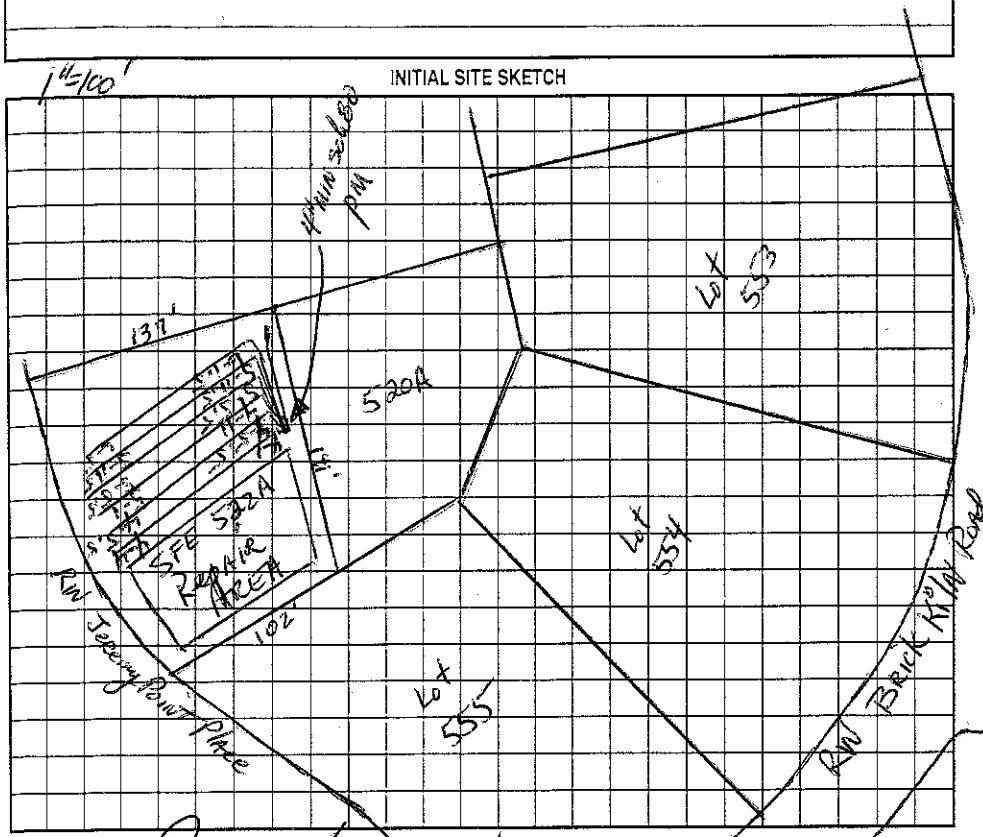
Water Supply: ☐ Individual ☑ ~~Public~~ ☑ Community

Comments:/Conditions:

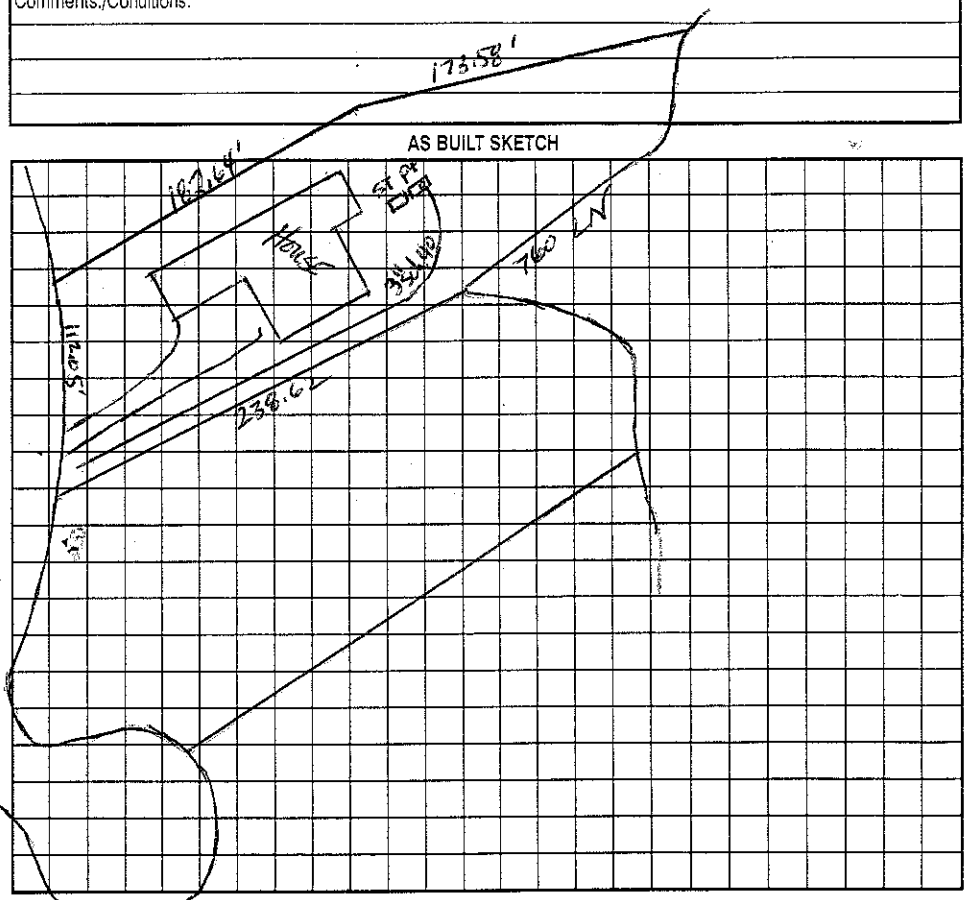
Comments:/Conditions:

INITIAL SITE SKETCH

1" = 100'



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 12-6-01 Installed by: Hallman

Improvement Permit by: _____ date 12-4-01 Operation Permit by: Wesley Sparks R.S. date 8/21/02

Authorization to Construct by: _____ date 12-4-01 Existing System Inspection by: _____ date _____

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