IREDELL COUNTY HEALTH DEPARTMENT

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

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

375 1.30

PERMIT# 118928 PIN# ~~4625-83-1957.1319~~ 4625-81-9395 DATE April 23, 04

OWNER OR CONTRACTOR CRI II The Point on Norman / Kingswood PHONE: Business _____ Home _____

ADDRESS 2214 Brawley School Rd. Mooresville, NC. 28117

LOCATION Brawley School Rd. TL Point Rd. TL Milford Circle TR Milford Circle on Right

SUBDIVISION The Point BLOCK / SECTION 13 LOT 1319 LOT AREA 31,401 ft² SITE CLASS. 15 DESIGN FLOW 440gpd L.T.A.R. .3

Septic Tank: ~~1000~~ 1500 Gallons; STB 335 Date 6/22/05

Pump Tank: 1000 Gallons; PT 238 Date 6/25/05

Pump Make: Myers Model ME50-521 Serial No. 07 05

Nitrification Field: No Fields 1 Square Feet 540/610 Linear Feet 270

No Lines 3@90' Trench Width 24" min 8'6" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, ☒ V, VI

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

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

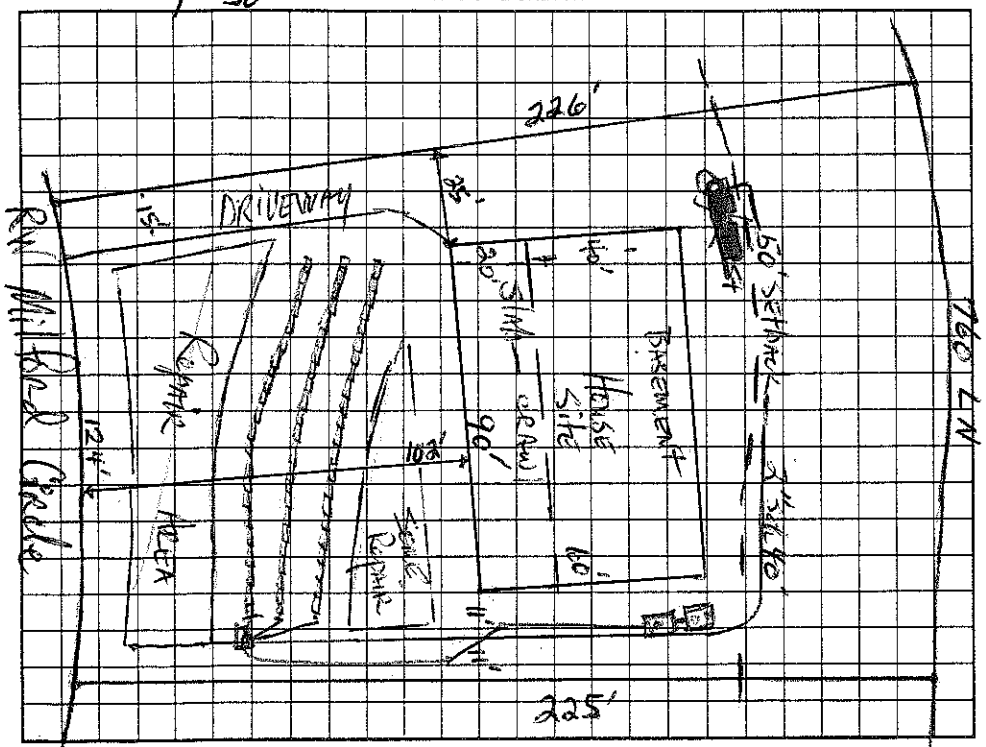
Water Supply: ☐ Individual ☒ ~~Public~~ ☐ Community

Comments:/Conditions: @ 36" max 9'oc

Renewed Building plans & Site plan; in compliance with original permit

Comments:/Conditions: (partial)

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: _____ date 5-22-04 Installed by: Hallman

Improvement Permit by: _____ date 4-23-04 Operation Permit by: _____ RS date 8/31/05

Authorization to Construct by: _____ RS date 12/15/04 Existing System Inspection by: _____ date _____

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