IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid 4:00 MOORESVILLE 704-664-5281

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

PERMIT# 081176 PIN# ~~4625 94 1684 PT~~ 4625-86-2492 DATE 4/8/02

OWNER OR CONTRACTOR CRI / Dienst Custom Homes PHONE: Business _____ Home _____

ADDRESS 2214 Brawley Sch Rd, Mooresville NC 28117

LOCATION Brawley Sch, TR Polpis at end on Rt #172 Polpis

SUBDIVISION Point BLOCK / SECTION 5 LOT 512 LOT AREA 34085 SITE CLASS. _____ DESIGN FLOW 480 L.T.A.R. 0.5

Septic Tank: 1000 ~~1500~~ Gallons; STB 338 Date 12-14-02

Pump Tank: 1000 Gallons; PT 27 Date 1-6-03

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: LP Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 5 No. Employees ____

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

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

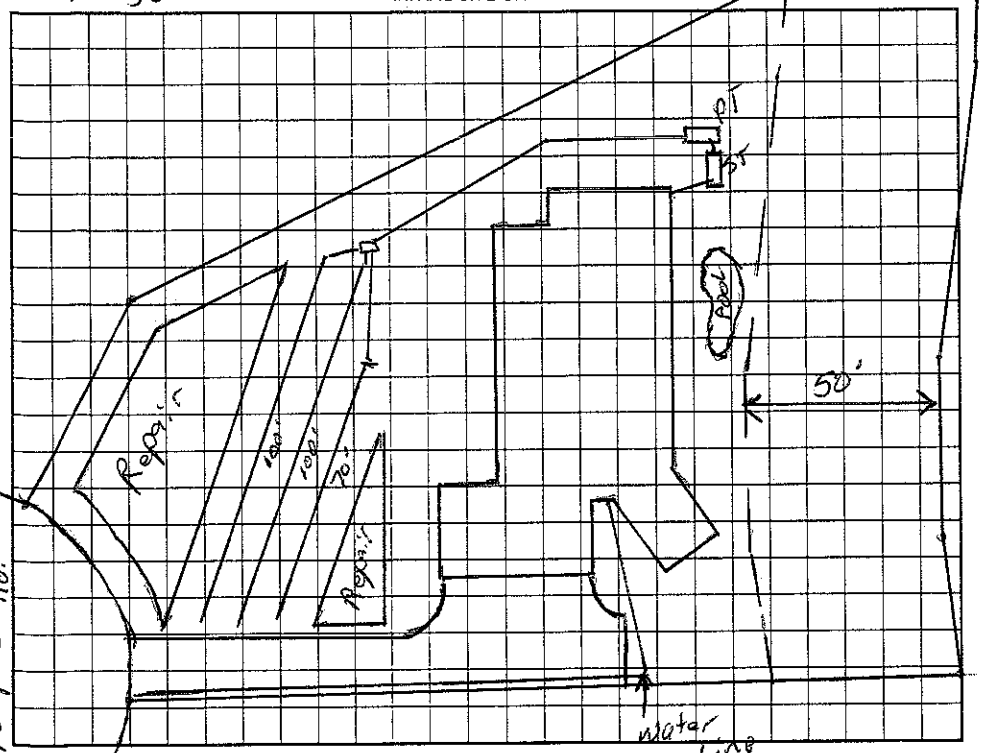
Comments:/Conditions:

Lines checked by GM

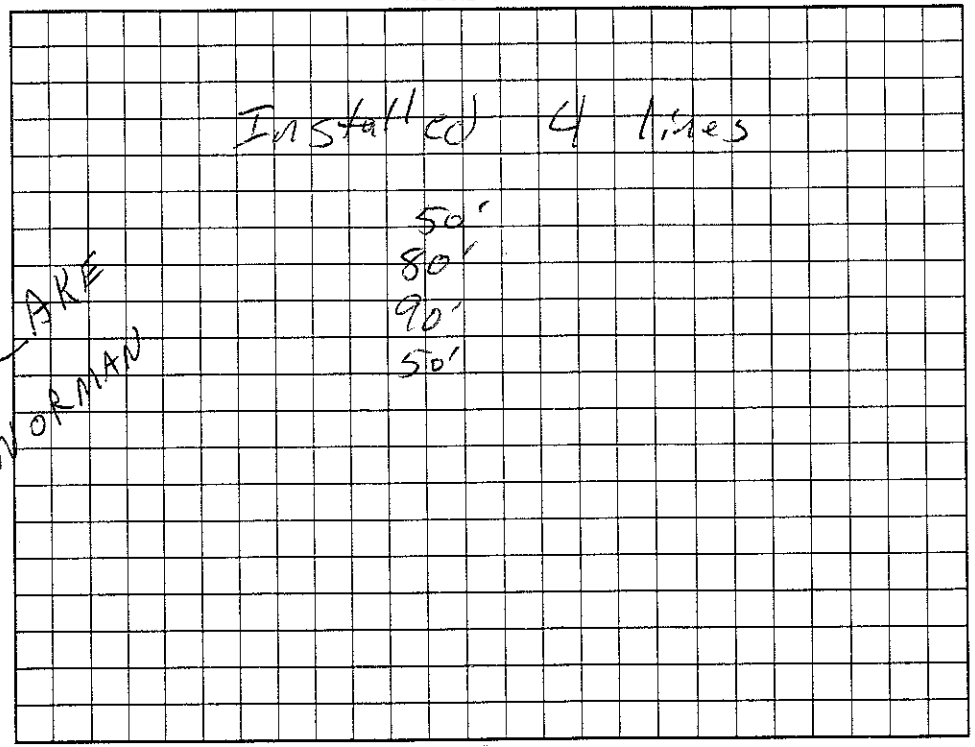
Pressure, float & alarm 2/26/03

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: _____ date 4/9/02

Improvement Permit by: _____ RS date 4/5/02

Authorization to Construct by: _____ RS date 4/8/02

Installed by: R+H RS

Operation Permit by: _____ date 2/26/03

Existing System Inspection by: _____ date _____

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