IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118929 PIN# ~~4625-83-4957.1320~~ 4625-91-1217 DATE April 23, 04

OWNER OR CONTRACTOR CRI & Tic Pointon Nyman / Lou Bealer PHONE: Business _____ Home _____

ADDRESS 2214 Bradley Sch Rd Mooresville N.C. 28117

LOCATION Bradley Sch Rd TL Yacht Rd. TL Milford Circle TR Milford Circle on Right

SUBDIVISION The Point BLOCK / SECTION 03 LOT 1320 LOT AREA 34,054 ft² SITE CLASS. 03 DESIGN FLOW 460 gpd L.T.A.R. .3

Septic Tank: 1000+ Gallons; STB 444 Date 12-23-05
Pump Tank: 1000 Gallons; PT ~~283~~ 283 Date 1-27-06
Pump Make: Myers Model ME 50 05 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270
No Lines 3 Trench Width 24" Max 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LCPPBPS
Repair System Description: LCPPBPS
Maintenance Agreement Required: ☑ Yes ☐ No

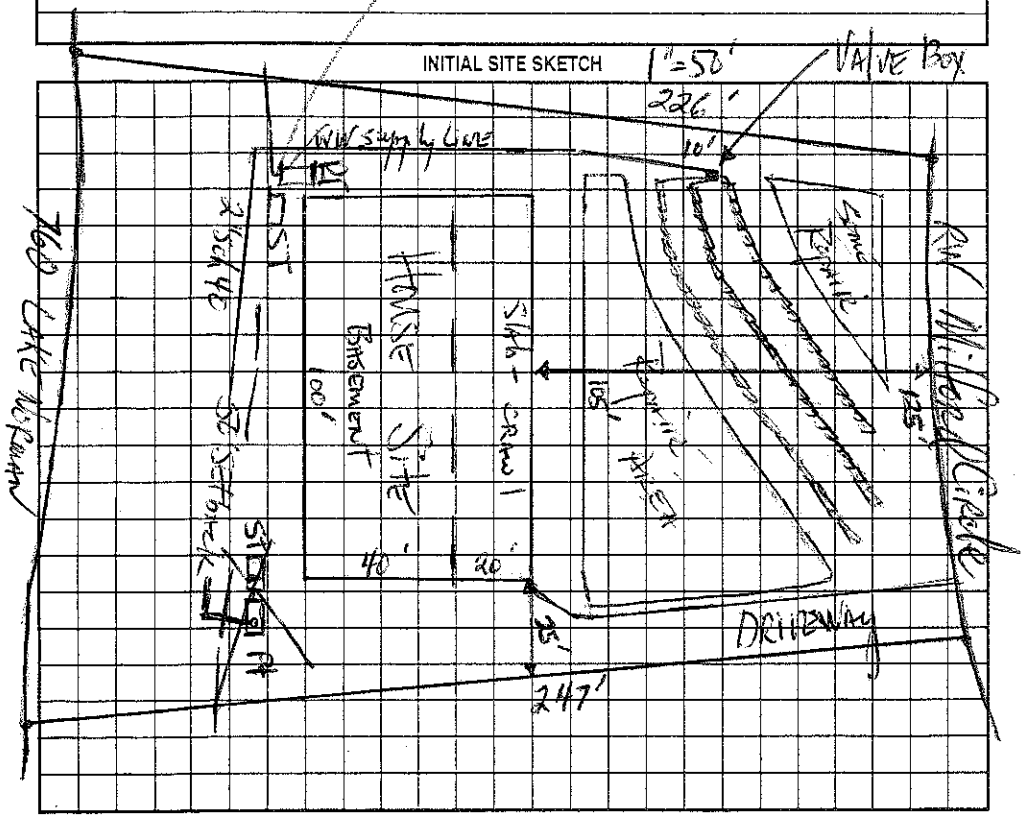
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☑ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: @36" Maybe

Comments:/Conditions: (Partial)
Tanks 51ft to lake, ~11ft to side line 3/14/07
Checked lines 3/14/07

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 6-22-04 Installed by: _____

Improvement Permit by: _____ date 4-23-04 Operation Permit by: _____ date 4/5/07

Authorization to Construct by: _____ date 2/21/06 Existing System Inspection by: _____ date _____

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