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# 11990 PIN# 4625834957.1360 4625-91-2478 DATE 1-24-05

OWNER OR CONTRACTOR John R Poore PHONE: Business 847-0496 Home Bob 201-7425

ADDRESS 10590 Independence Pt Matthews, NC. Suite 100

LOCATION Brawley School Rd TC Milford Circle on Right

SUBDIVISION The Point BLOCK / SECTION LOT 136 LOT AREA 1.05 Acre SITE CLASS. BS DESIGN FLOW 480 gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 338 Date 1-9-06
Pump Tank: 1000 Gallons; PT 283 Date 10-17-05
Pump Make Goulds Model WE0512MV Serial No.
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Pump-Pm-25% Reduction
Repair System Description: Pump-LP-35% 50% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

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

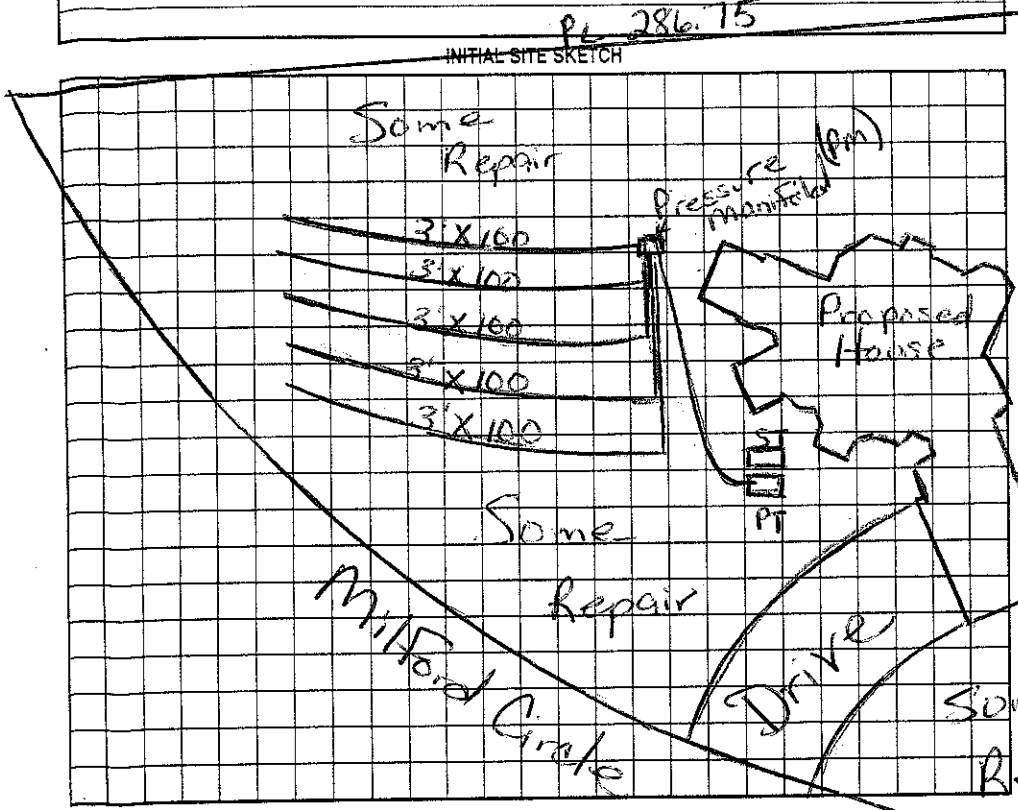
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

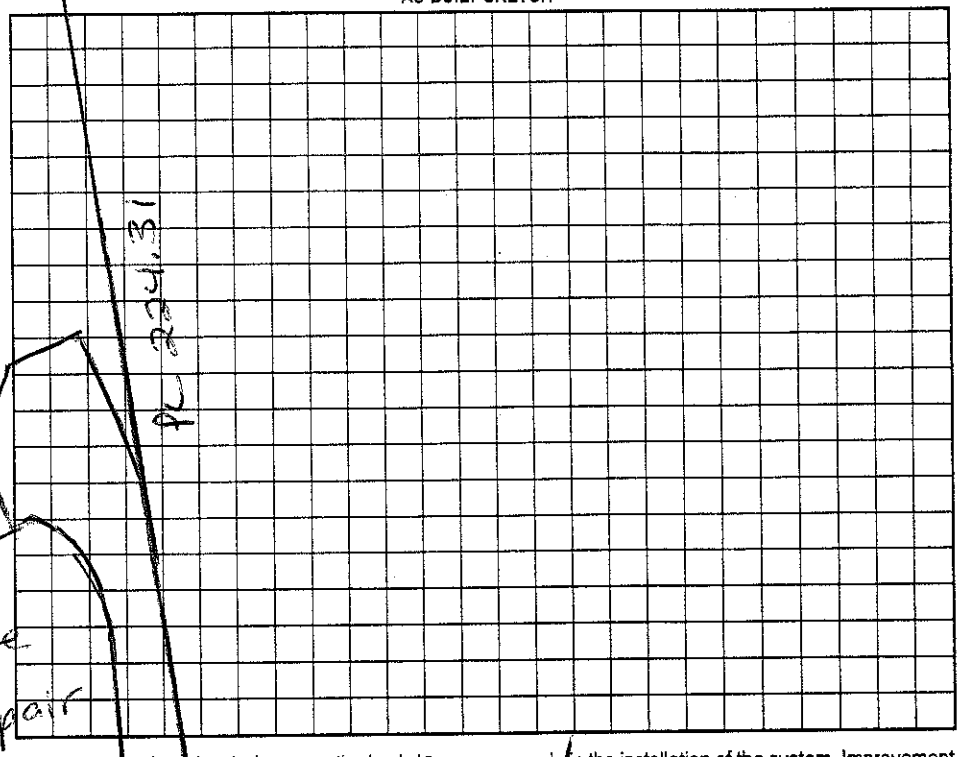
Comments:/Conditions:
Scale 1:50

Comments:/Conditions: Installed EZ Flow For Drainfield.
Checked tanks & lines 2/21/06 MP
Pres. elect. & alarm 7/25/06 MP

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: [signature] date 1-26-05 Installed by: [signature] RS date 7/25/06

Improvement Permit by: [signature] RS date 1/24/05 Operation Permit by: [signature] date

Authorization to Construct by: [signature] RS date 1/24/05 Existing System Inspection by: date

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