IREDELL COUNTY HEALTH DEPARTMENT

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

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

375 2100

PERMIT# 118934 PIN# ~~4625-83-4457.1324~~ 4625-91-6352 DATE May 24, 2004

OWNER OR CONTRACTOR Crown Recovery c/o Mike Pruitt on Norman / Dierst Const. Homes PHONE: Business _____ Home _____

ADDRESS 2214 Brawley School Rd, Mooresville, NC 28117

LOCATION Brawley School Rd TL Yacht Rd TL Milford Circle TR Milford Circle on Right before Corning Ct. #235

SUBDIVISION The Point BLOCK / SECTION 1/3 LOT 1324 LOT AREA 30,081 ft² + 13,973 ft² SITE CLASS PS, PSSFE DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 + 1500 Gallons; STB 338 Date 7-1-05
Pump Tank: 1000 Gallons; PT 283 Date 7-10-05
Pump Make Goulds Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270'+
No Lines 4 Trench Width 24" min 36" Max Trench Bottom Depth _____ Gravel Depth _____

☑ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: LPP RBC
Repair System Description: LP 25% Reduction on SFE
Maintenance Agreement Required: ☑ Yes ☐ No 1358-1324

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

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

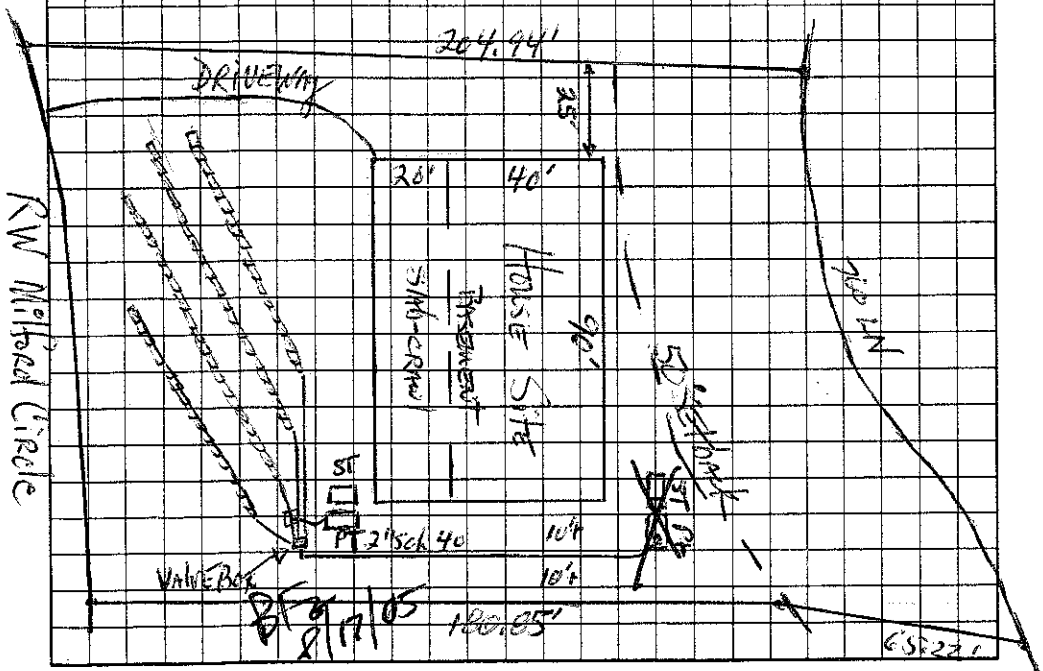
Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: ≥ 36" ramp 4ea

Comments:/Conditions: (partial) Note: Tank location was changed.

INITIAL SITE SKETCH

1" = 50'



AS BUILT SKETCH

Installed 4 Panel lines as Drawn

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: R&T Dotson RS

Improvement Permit by: _____ RS date 5-24-04 Operation Permit by: Mariah H Dotson date 9/6/05

Authorization to Construct by: _____ RS date 12/3/04 Existing System Inspection by: _____ date _____

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