IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $50 MOORESVILLE 704-664-5281

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

PERMIT# 08139 / 14671 PIN# 4625-94-7684 pt 4625-97-5546 DATE 8/21/03

OWNER OR CONTRACTOR John R. Poore Builders PHONE: Business 704-847-0496 Home

ADDRESS 10590 Independence Pt. Parkway Matthews NC 28106

LOCATION BSR, IR on Access Rd past Marsten's Rt. on Rt.

SUBDIVISION Point BLOCK / SECTION 5 LOT 499 LOT AREA 41,772 ft² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: 1000 Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5@54' Trench Width 24" or 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 3½ No. Employees ____

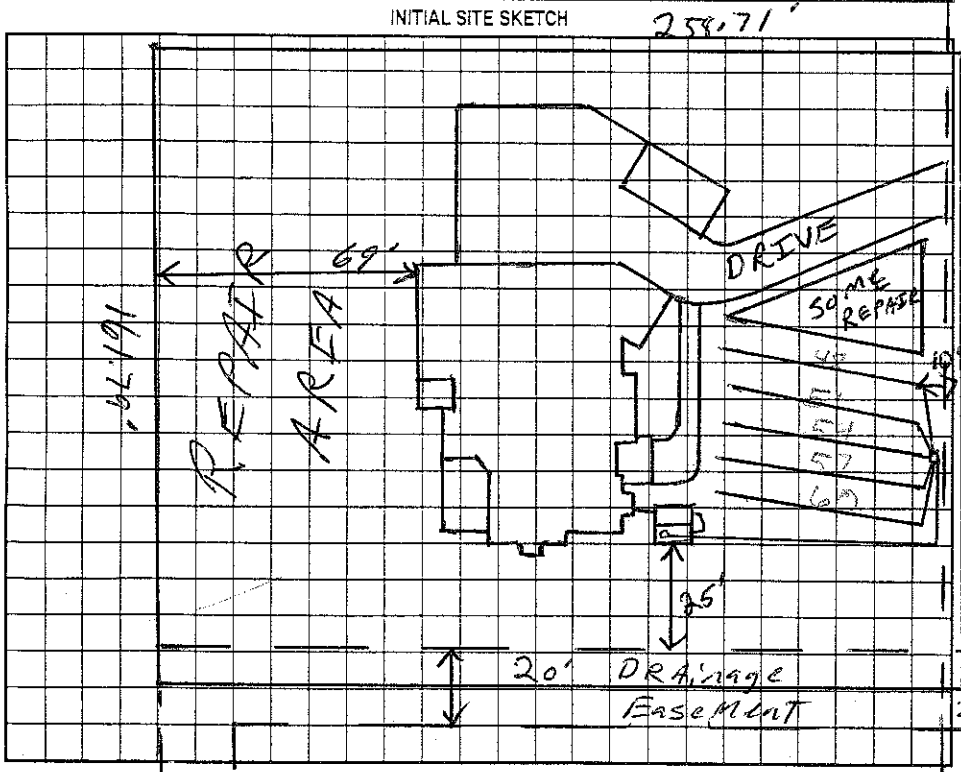
Water Supply: ☐ Individual ☐ Public ☒ Community

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

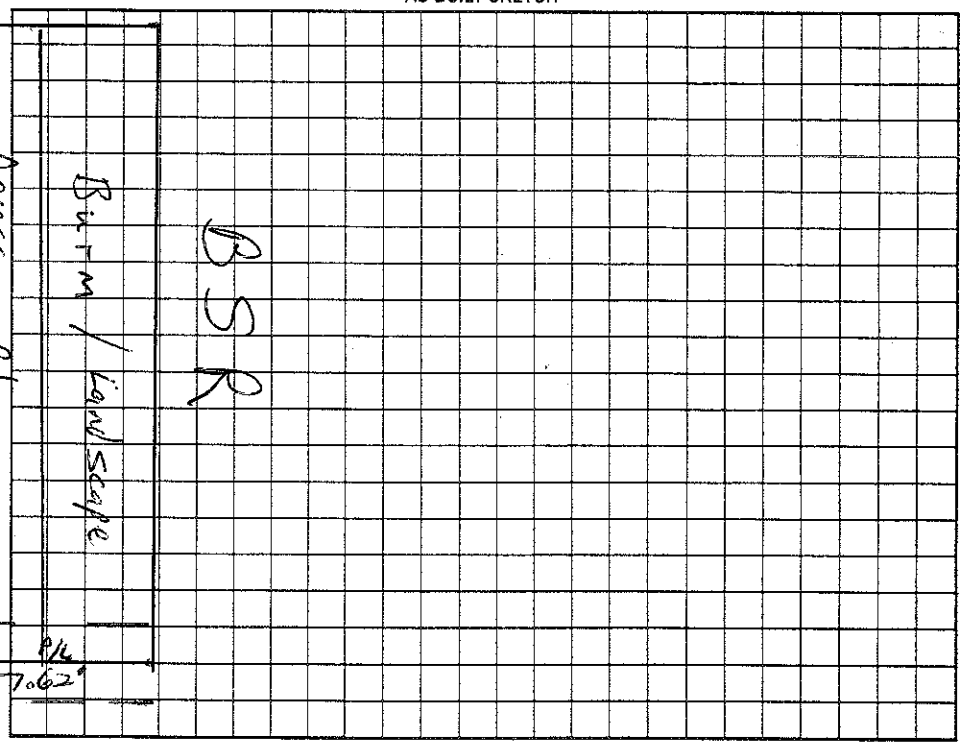
Comments:/Conditions: 8FOC or 9FOC

Comments:/Conditions: Upper line exactly 10' off ~~Front~~ Easement ST exactly 25' to storm drain Checked trunkset lines 10/21/04

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: John Fowler FOR JRP, INC date ____ Installed by: R&H RS

Improvement Permit by: RS date 8/21/03 Operation Permit by: Maria H. Dotson date 11/8/04

Authorization to Construct by: RS date 8/21/03 Existing System Inspection by: ____ date ____

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