IREDELL COUNTY HEALTH DEPARTMENT

Paid 50.00 DT

11:00

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

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

PERMIT# 07821O PIN# ~~4625847807~~ (pt) 4625996574

OWNER OR CONTRACTOR Blackshire Const. / Crescent Resources PHONE: Business _____ Home _____ DATE Sept 22, 00

ADDRESS 2214 Brawley Sch Rd. Mocksville

LOCATION Brawley Sch Rd. TL Brawley Harbor Place Lt on left

SUBDIVISION The Point BLOCK / SECTION II LOT 263 LOT AREA 44,535 sf SITE CLASS. V DESIGN FLOW 3 bdrm L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 5-11-01
Pump Tank: 1000 Gallons; PT 27 Date 5-04-01
Pump Make: Myers Model ME3F Serial No. _____
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines 4@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

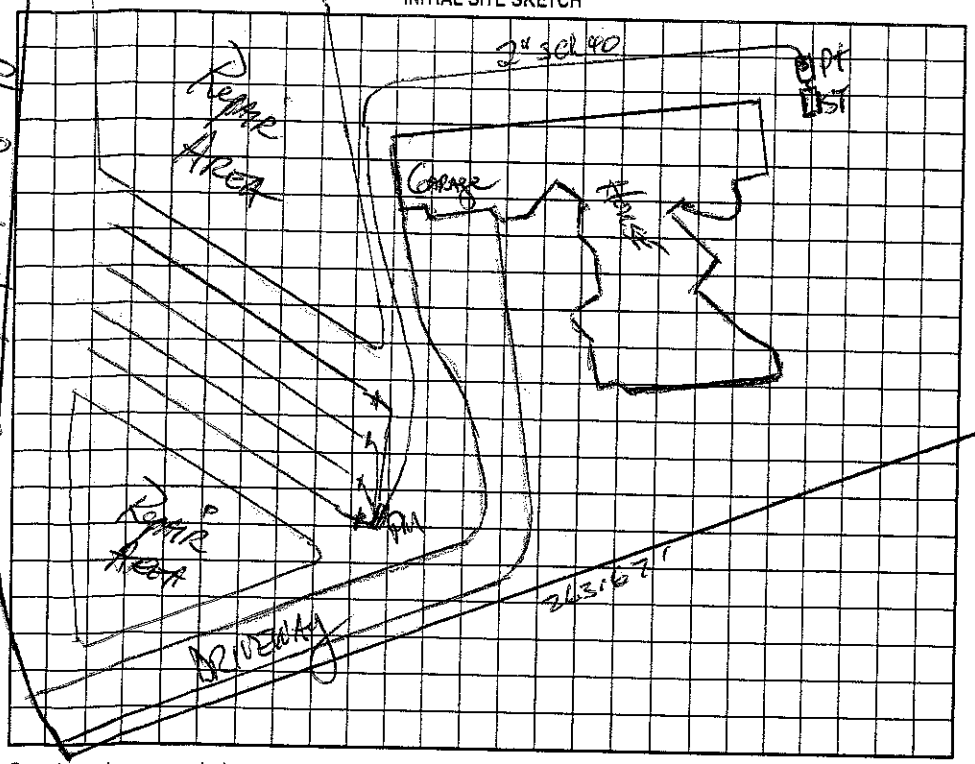
☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM - Infiltrator - 25% Red.
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees _____
☐ Other _____
☑ Slab ☒ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

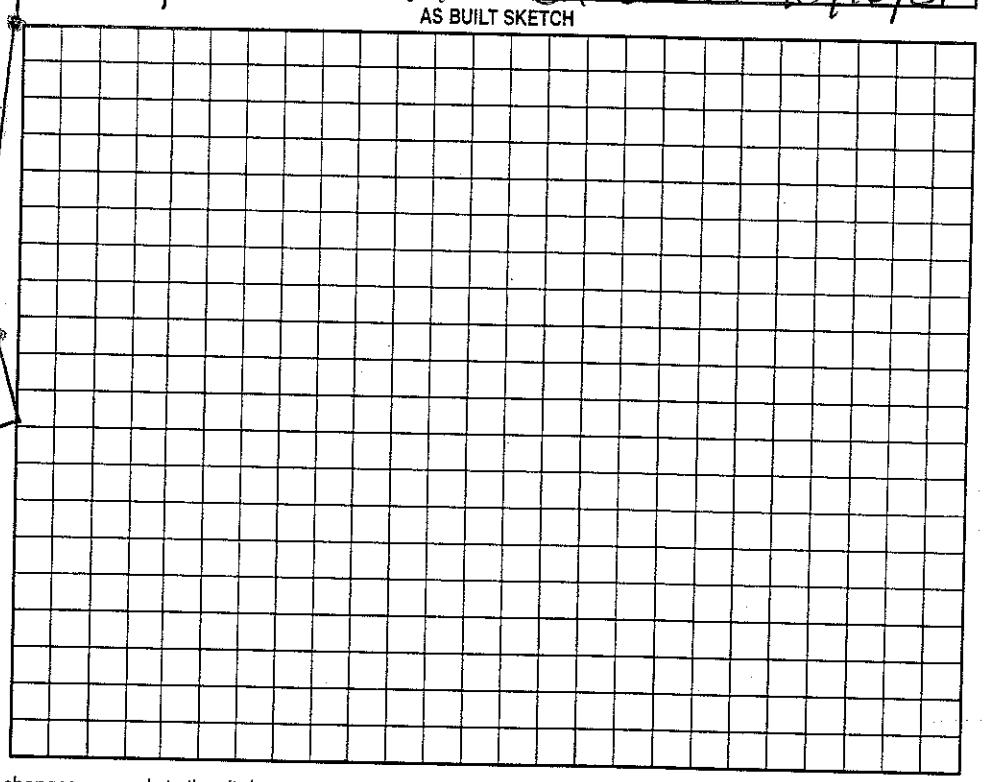
Comments:/Conditions: 1"=50'

INITIAL SITE SKETCH



Comments:/Conditions: (partial)
House built on crawl space
EZ Flow installed as drawn.
Pres, Elect & alarm checked 10/16/01

AS BUILT SKETCH



Rev Brawley Harbor Place

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 9/25/06 Installed by: R & H

Improvement Permit by: _____ RS date 9-22-00 Operation Permit by: Marian H Dobson RS date 10/16/2001

Authorization to Construct by: _____ RS date 9-22-00 Existing System Inspection by: _____ date _____

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