10:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112521 PIN# 4626637315.228 4626-62-6678 DATE 11-21-05

OWNER OR APPLICANT John R. Poore Ft. Bylders PHONE: Business 847-0496 Home 400-0522

ADDRESS 10590 Independence Pt. Pkwy Matthews, NC

LOCATION Brawley School Rd TR Southfork TL Freshwater, on Corner with McAuley Ct. (Offsite Easement on Chuckwood)

SUBDIVISION The Farms BLOCK / SECTION 2 LOT 228 LOT AREA 1.11 Acre SITE CLASS. PS DESIGN FLOW 600 gpd L.T.A.R. .3

Septic Tank 1500 Gallons; STB 338 Date 11-2-05

Pump Tank 1500 Gallons; PT 477 Date 10-16-05

Pump Make: Myers Model P102 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"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Pump (offsite) 25% Reduction

Repair System Description: Pump-Panel (offsite)

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Persons ___ No. Employees ___

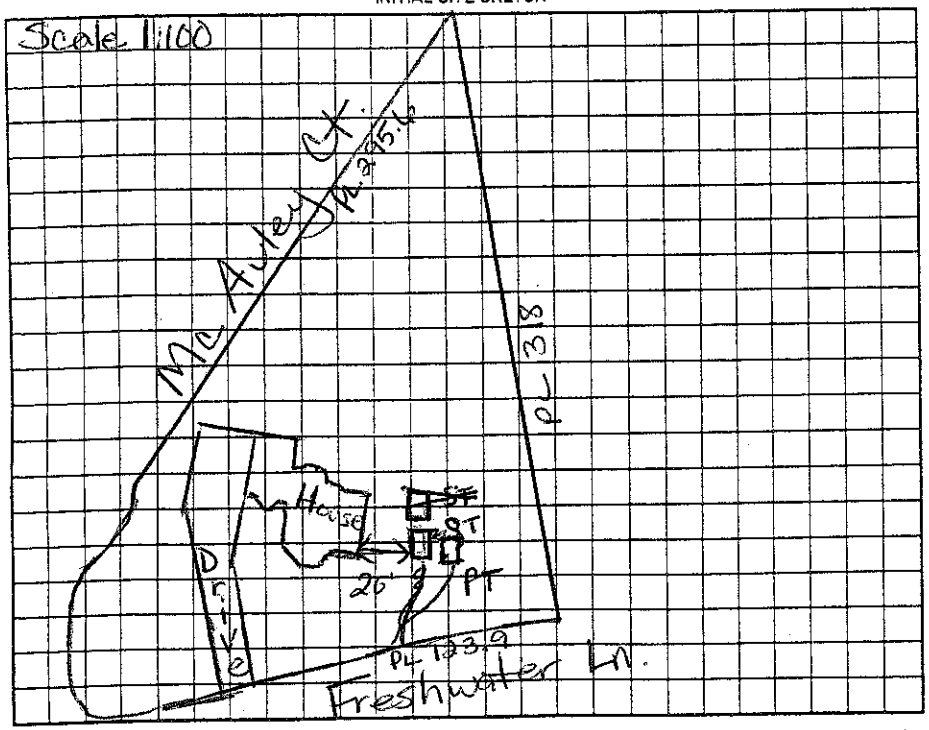
Water Supply: ☐ Individual ☒ Public ☒ Community

Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: See Color Coded plat for offsite Supply line easements

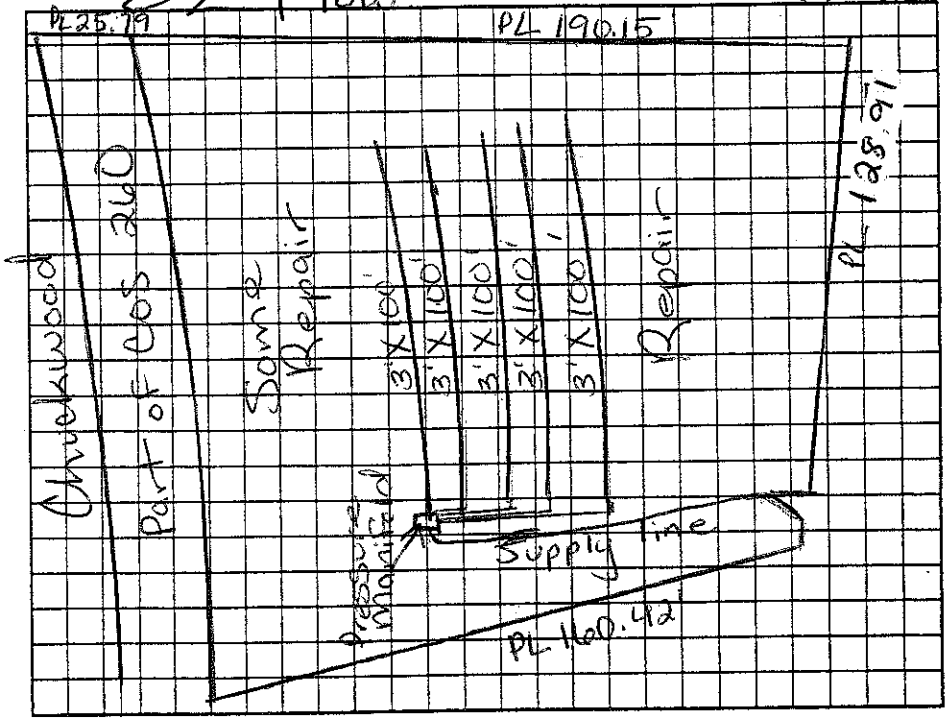
12/2/05 Tanks installed

INITIAL SITE SKETCH



Comments/Conditions: ~~X~~ May need to sleeve under drive to get to supply line. TAP. Check real tanks 4/11/06 JMD installed lines

AS BUILT SKETCH Scale 1:50'



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: _____

Improvement Permit by: Maria H. Dotson RS date 11/21/05

Authorization to Construct by: Maria H. Dotson RS date 11/21/05

Installed by: R & H RS

Operation Permit by: Maria H. Dotson date 5/4/06

Existing System Inspection by: _____ date _____

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