IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131334 PIN# 4626071828.508 4627201225 DATE 11-20-06

OWNER OR APPLICANT Greg Robbins Custom Homes PHONE: Business 704 724-1511 Home

ADDRESS 111 Chatham Rd. Mooresville, NC 28117

LOCATION Brawley School Rd TR McKendree TR Lakeview Shore Lp TL Abbot TR Willow Bend Ct

SUBDIVISION The ~~Point~~ BLOCK / SECTION 4 LOT 508 LOT AREA 1.951 Acre SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .25 atend

Septic Tank: 1500 Gallons; STB's 444 Date 6-03-01 ☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank: ____ Gallons; PT ____ Date ____ System Description: Gravity-25% Reduction

Pump Make: ____ Model ____ Serial No. ____ Repair System Description: LPPPBPS

Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 600' Maintenance Agreement Required: ☐ Yes ☒ No

No Lines 8 @ 75 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____ ☐ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

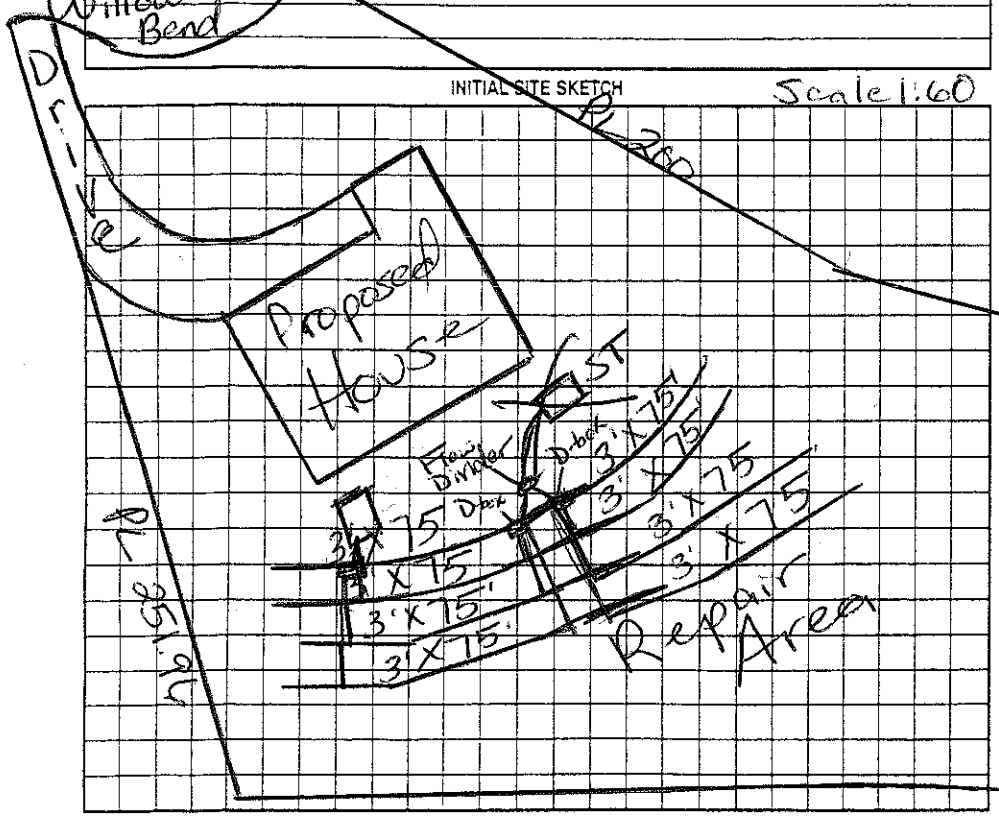
Water Supply: ☐ Individual ☒ Public ☒ Community

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

Comments/Conditions: 50 @ 120'

Comments/Conditions: Note: Okay to use "Drop boxes" Instead of Distribution box. Keep Septic System 10Ft downslope of basement, or 15Ft sideslope or 25Ft upslope. Must keep

INITIAL SITE SKETCH Scale 1:60



AS BUILT SKETCH

Septic System down slope of basement Floor to maintain Gravity Flow

Installed E → Flow

50 @ 120'

RL 292.56'

RL 137

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 11-27-06 Installed by: Hallman Construction

Improvement Permit by: Maria H. Dolan RS date 11/20/06 Operation Permit by: Maria H. Dolan RS date 7/9/07

Authorization to Construct by: Maria H. Dolan RS date 11/20/06 Existing System Inspection by: ____ date ____

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