IRE... COUNTY HEALTH DEPARTMENT

(-996-6330-)

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

★ Repair 3:00

...EMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

...1# Repair PIN# 4625941684 4635-04-8447

OWNER OR CONTRACTOR Hughes & Assoc PHONE: Business 542-6816 DATE 7/28/2000

ADDRESS P.O. Box 31003 Charlotte, NC Home Mike 364-5897

LOCATION Brawley School Rd TL the Point Dr TL Meeting House Circle TL Easton Dr 8th lot on Rt.

SUBDIVISION The Pointe BLOCK / SECTION 1A LOT 9 LOT AREA 30,345 ft² SIDE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB ____ Date ____

Pump Tank: 1000 Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 600' Linear Feet 200'

No Lines 2 at 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: ____

Repair System Description: Grav 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

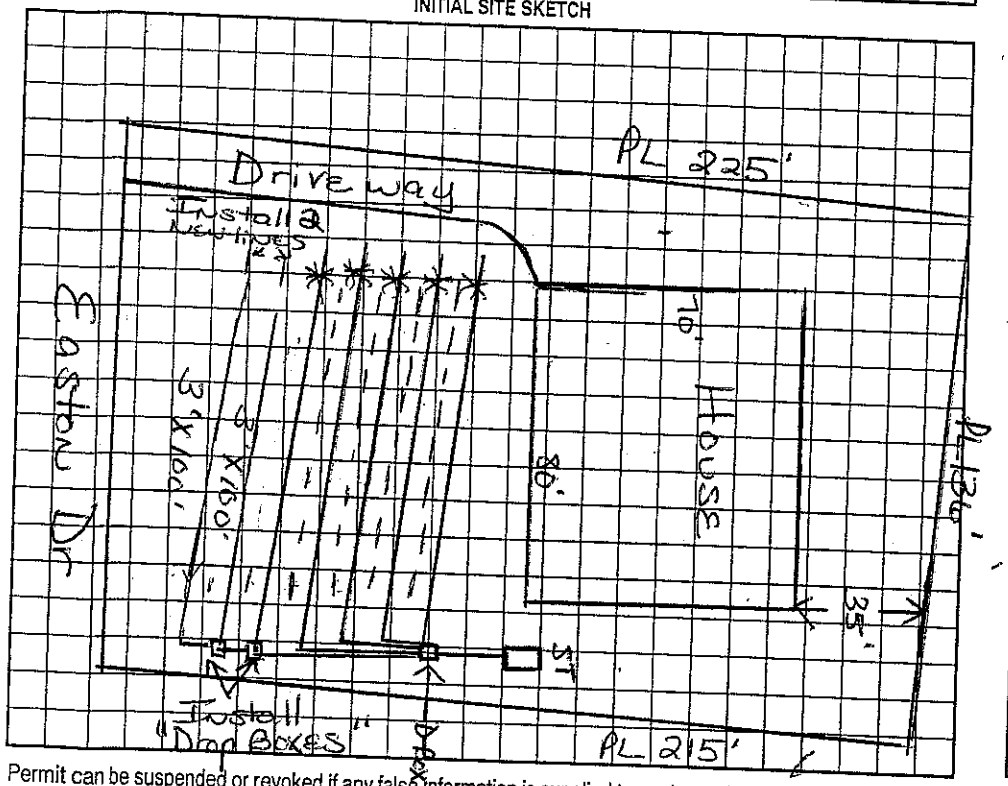
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

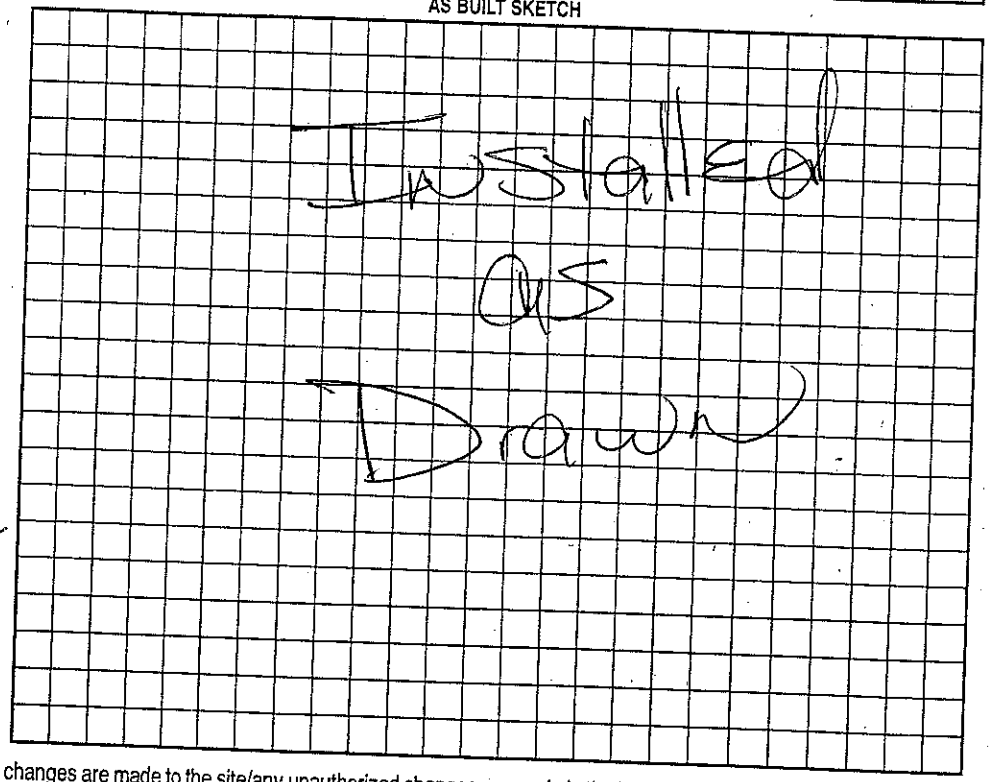
Comments:/Conditions: ☒ Install "Drop Box" on last line of Initial Drainfield therefore overflow will go to New drainlines.

Comments:/Conditions: Note: IF failure continues after "Repair lines" are installed then Irrigation will have to be eliminated. Extra fill will be added over lines.

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: ____ date 7/28/00 Installed by: R & H

Improvement Permit by: Maria H. Dotson RS date 7/28/00 Operation Permit by Maria H. Dotson RS date 8/9/2000

Authorization to Construct by: Maria H. Dotson RS date 7/28/00 Existing System Inspection by: ____ date ____

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