IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 12752 PIN# 4760650942 DATE April 5, 05

OWNER OR CONTRACTOR Billie Brawley / PINNACLE HOUSING PHONE: Business _____ Home _____

ADDRESS 116 Strawberry Hill Ln. Cleveland, N.C. 27013

LOCATION 115-21 N TR Shinnville Road TL Brawley Road on Right before jct w/ Strawberry Hill Lane

SUBDIVISION Strawberry Hill Acres BLOCK / SECTION _____ LOT 3 LOT AREA ~25,000 ft² SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .225

Septic Tank: 1000 Gallons; STB 1012 Date 10/23/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity 25% Reduction

Repair System Description: _____ SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

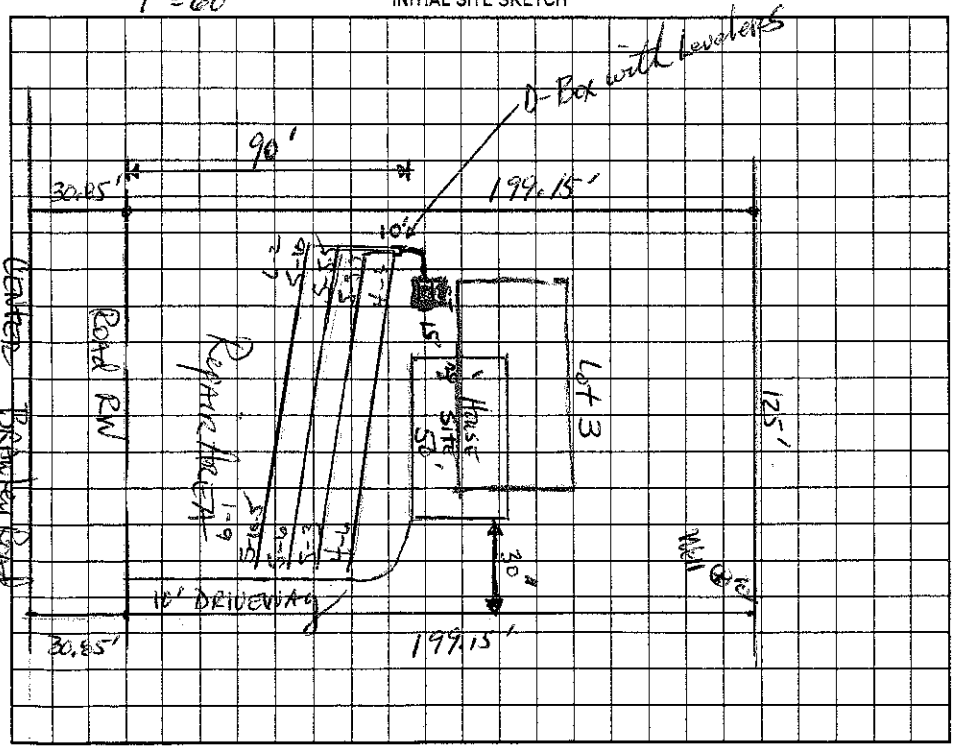
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

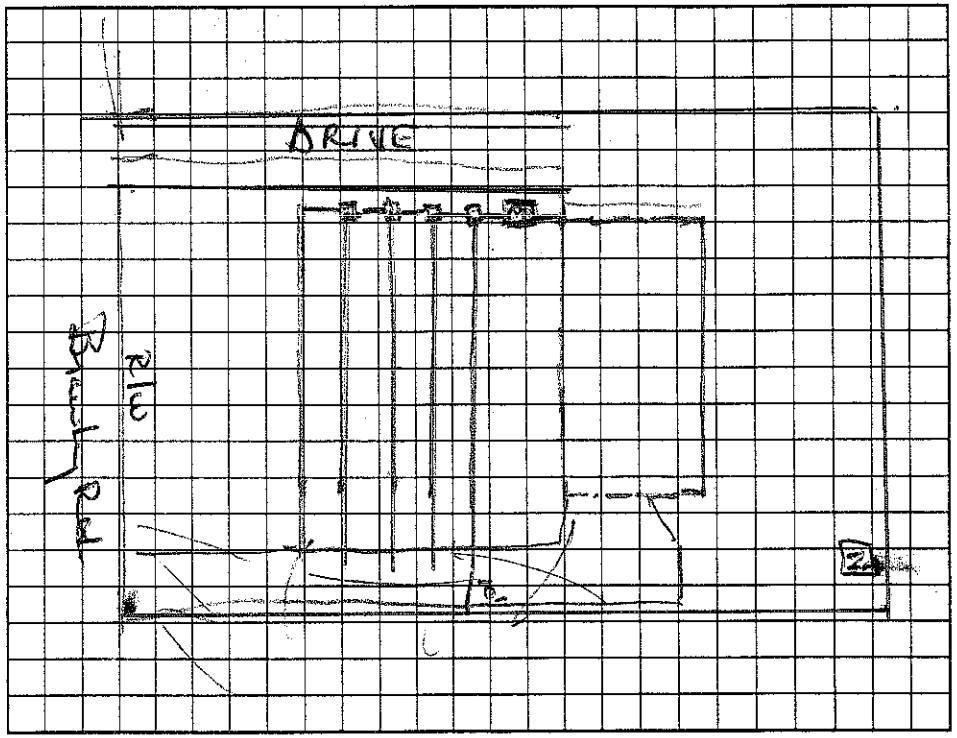
Comments:/Conditions: 500 gal x 3' Perforation installed

1"=60'

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: James W. Vanhoy date 4-6-05 Installed by: Art Beachboard

Improvement Permit by: _____ date 4-5-05 Operation Permit by: Wesley Sparks RS. date 5/23/05

Authorization to Construct by: _____ date 4/27/05 Existing System Inspection by: _____ date _____

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