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# 127554 PIN# 4760657627 DATE April 5, 05

OWNER OR CONTRACTOR Billie Brawley / Pinnacle Housing PHONE: Business _____ Home _____

ADDRESS 116 Strawberry Hill Circle Cleveland NC 27013

LOCATION 115-21N TR Statesville Road TL Brawley Rd on right before jct with Strawberry Hill Lane

SUBDIVISION Strawberry Hill Acres BLOCK / SECTION _____ LOT 1 LOT AREA ~24,000 ft² SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 1012 Date 2/14/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 990 Linear Feet 330

No Lines 3 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: Gravity Pumped 25-50% Red.

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

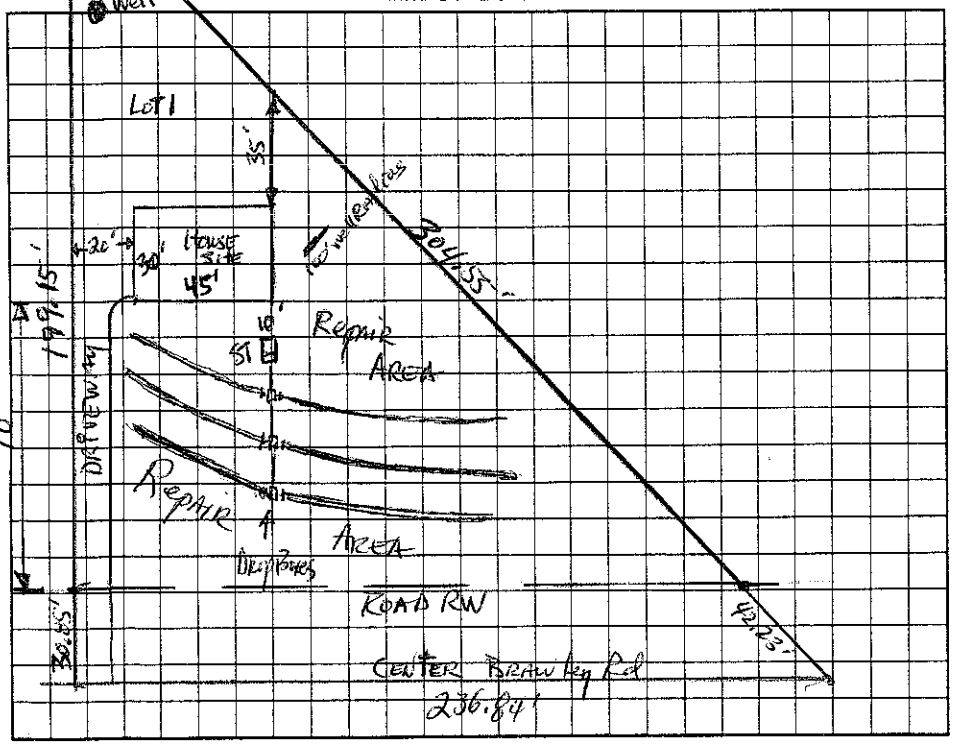
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

23.31'

INITIAL SITE SKETCH 1"=60'



Comments:/Conditions:

AS BUILT SKETCH

Quick 4 Infiltrators Installed

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: A-1 Backhoe

Improvement Permit by: _____ date April 5, 05 Operation Permit by: _____ RS date 8/31/05

Authorization to Construct by: _____ RS date 8/24/05 Existing System Inspection by: _____ date _____

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