IREDELL COUNTY HEALTH DEPARTMENT

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

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

50.00 Paid 11:09

PERMIT# ~~10812~~ 12613⁵ PIN# 4624-27-5905.1132 4624589198 DATE 6/4/05

OWNER OR CONTRACTOR Blookshire Const. / Simonini Builders PHONE: Business 704 363-7901 Home

ADDRESS 199 00 Hwy 73 W Cornelius NC 28031

LOCATION BSR, TL Torrence Chapel, TL Shellburne, on Lt Just Past Cape Cod

SUBDIVISION Point BLOCK / SECTION 11 LOT 1132/1132A LOT AREA 48,652ft²/39,394ft² SITE CLASS. PS DESIGN FLOW 720 L.T.A.R. 0.45

Septic Tank: 1500 Gallons; STB 335 Date 8-14-05

Pump Tank: 1500 Gallons; PT 477 Date 8-13-05

Pump Make: Myers Model P102 Serial No.

Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 600

No Lines 6@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Press. Man. 25% Red.

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 6

☐ Mobile Home No. Bathrooms 6

☐ Business No. Employees

☐ Other

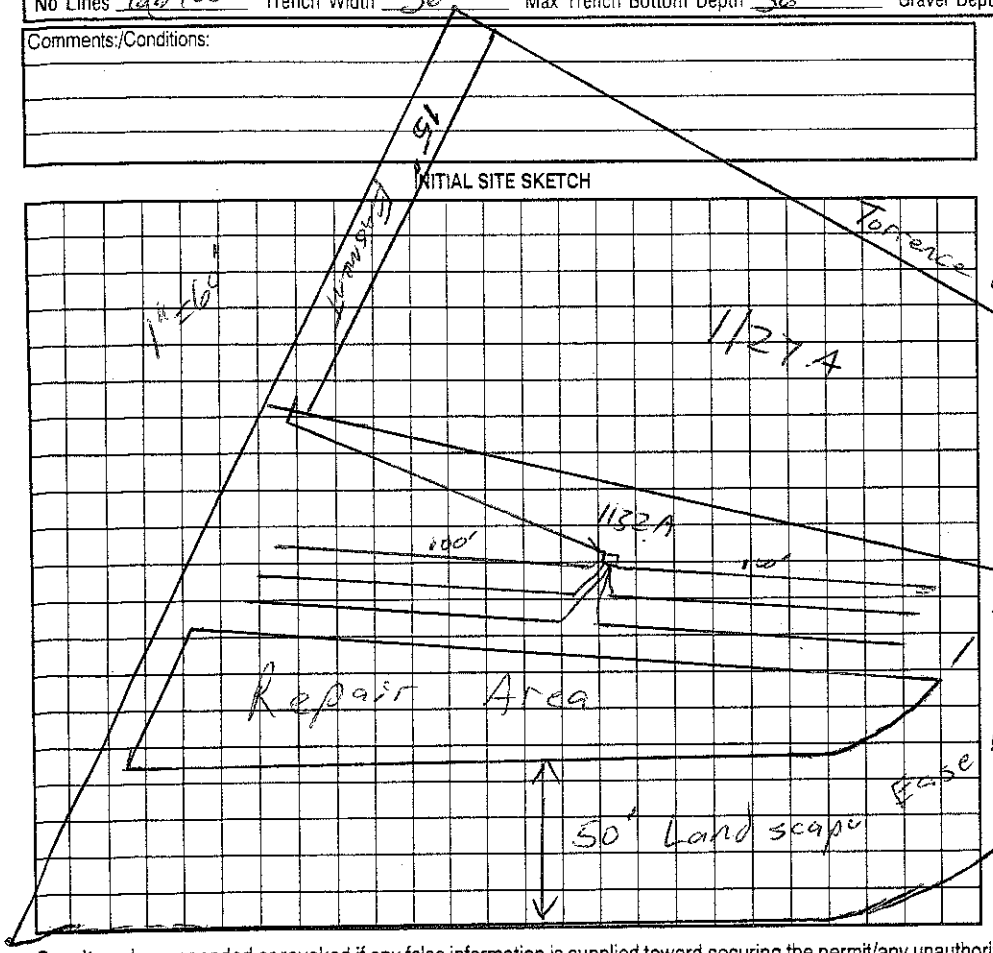
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

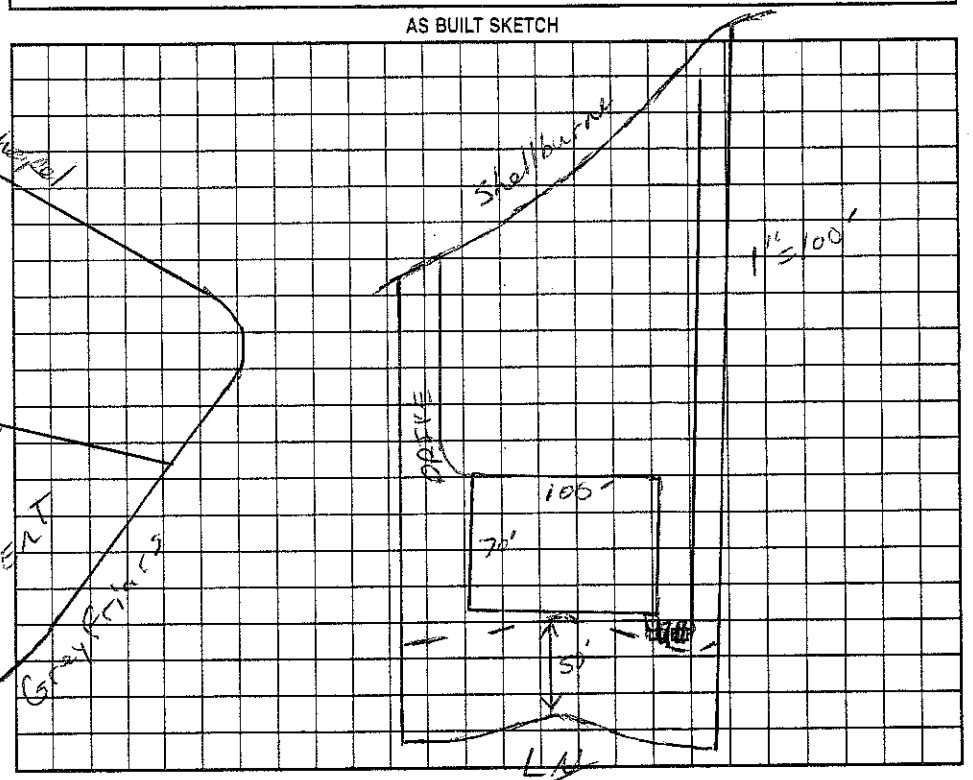
Comments:/Conditions:

Comments:/Conditions: Checked lines 5/17/05
Installed EZ Flow as Drawn
Checked tanks 9/19/05

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: [signature] date 6/5/05

Improvement Permit by: [signature] RS date 6/4/05

Authorization to Construct by: [signature] RS date 6/4/05

Installed by: R & R Dotson RS

Operation Permit by: [signature] date 12/2/05

Existing System Inspection by: date

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