IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid TYPE III (9) MOORESVILLE 704-664-5281

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

PERMIT# 078650 PIN# 4625-94-1684 (PT) 4626-82-5116 DATE 10/17/02

OWNER OR CONTRACTOR Simmonini Builders PHONE: Business 660-1185 Home

ADDRESS 2214 Brawley Sch Mooresville NC 28117

LOCATION Brawley Sch, TL Great Point Dr, TL Wild Harbor on Lt Near Atlantic Wy

SUBDIVISION Point BLOCK / SECTION III LOT 351 LOT AREA 30,271 Ft² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: ~~1000~~ 1600 Gallons; STB 338 Date 3/9/03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Pump 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

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

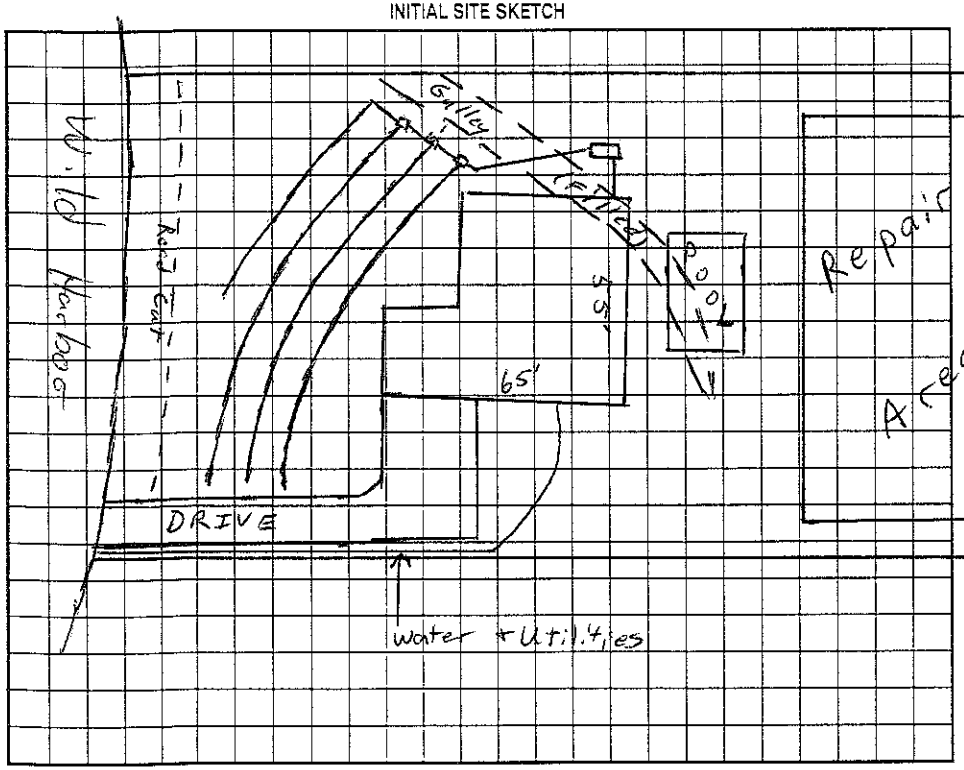
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

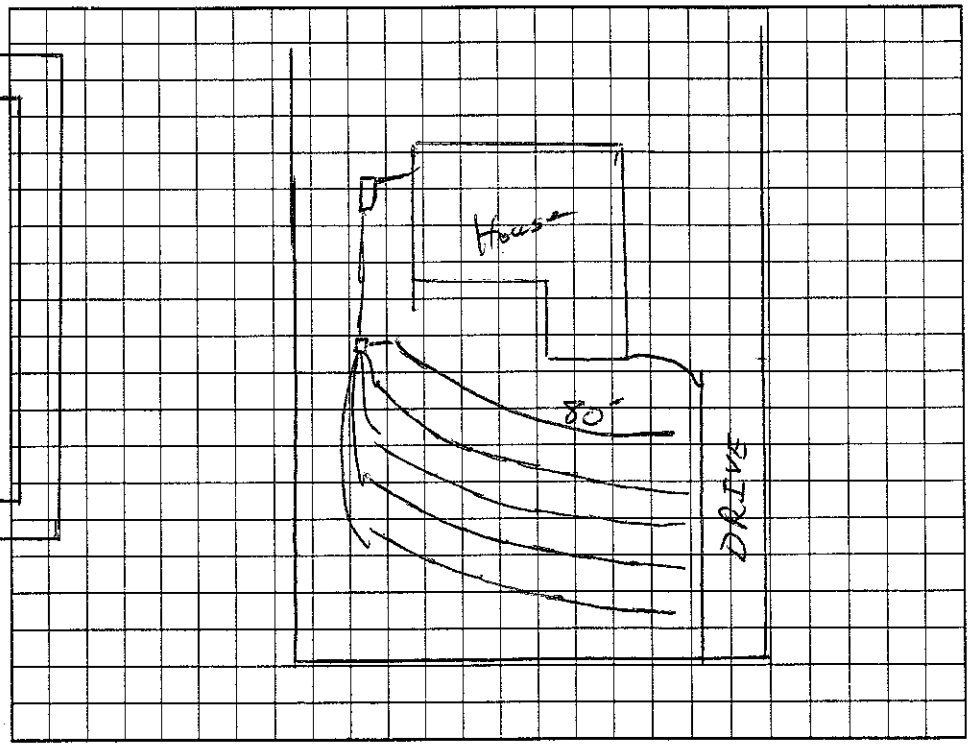
Comments:/Conditions:

Ez flow Install 580'

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 10/17/02 Installed by: Hallman Const.

Improvement Permit by: _____ RS date 10/17/02 Operation Permit by: _____ RS date 4/14/03

Authorization to Construct by: _____ RS date 10/17/02 Existing System Inspection by: _____ date _____

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