IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $375 MOORESVILLE 704-664-5281

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

PERMIT# 117379 PIN# 4628-63-8353 DATE 3/23/05

OWNER OR CONTRACTOR Anthony Hammond PHONE: Business _____ Home _____

ADDRESS 33 Talaugh Blvd Ormond Beach FL 32174

LOCATION HWY 150 W, TR Pinnacle Shores, TR Emerald Pt on Lt at End

SUBDIVISION Pinnacle Shores BLOCK / SECTION I LOT 42 LOT AREA 0.989Ac SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.3

Septic Tank: 1500 Gallons; STB 533 Date _____

Pump Tank: 1500 Gallons; PT 500 Date _____

Pump Make: Gauld Model WEO-712N Serial No. _____

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

No Lines _____ Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: LP Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

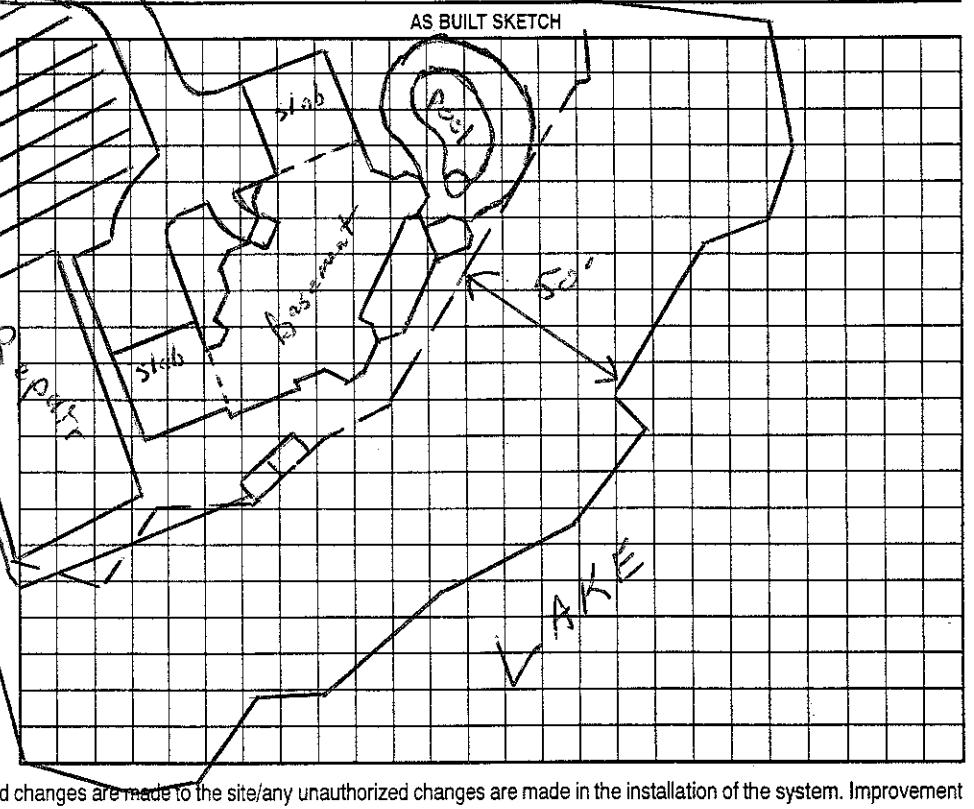
Emerald Pt Ln.

DRIVEWAY

Comments:/Conditions: Tanks.

INITIAL SITE SKETCH

- Do Not Cut For DRIVEWAY or Garages or Motor Court Areas
- Preserve Natural Grade For Repair Area
- Back Fill For positive Drainage



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 3/24/05 Installed by: _____

Improvement Permit by: _____ RS date 3/23/05 Operation Permit by: _____ date _____

Authorization to Construct by: _____ RS date 3/23/05 Existing System Inspection by: _____ date _____

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