# IREDELL COUNTY HEALTH DEPARTMENT

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

1:30 - 2:00

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

PERMIT# 071919/1166693 PIN# 462594411684 4635-13-6622 DATE 10-21-03

OWNER OR CONTRACTOR Kenny Simpson PHONE: Business _____ Home 201-0629

ADDRESS 733 Queen Charlotte NC 28211

LOCATION Brawley School Rd to Meeting house TL Easton JR Old Post on left at end

SUBDIVISION The Point BLOCK / SECTION A LOT 100 LOT AREA 36,998.72 SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25-.3

Septic Tank: 1000+ Gallons; STB 338 Date 4-6-04
Pump Tank: 1000 Gallons; PT 27 Date 4-3-04
Pump Make: Gould's Model WE0512H Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1005' Linear Feet 335'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: Pump-LP-Panel Block
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 5
☐ Business No. Employees ____
☐ Other 4 Full Baths 2-½ baths

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

Water Supply: ☐ Individual ☒ Public ☒ Community

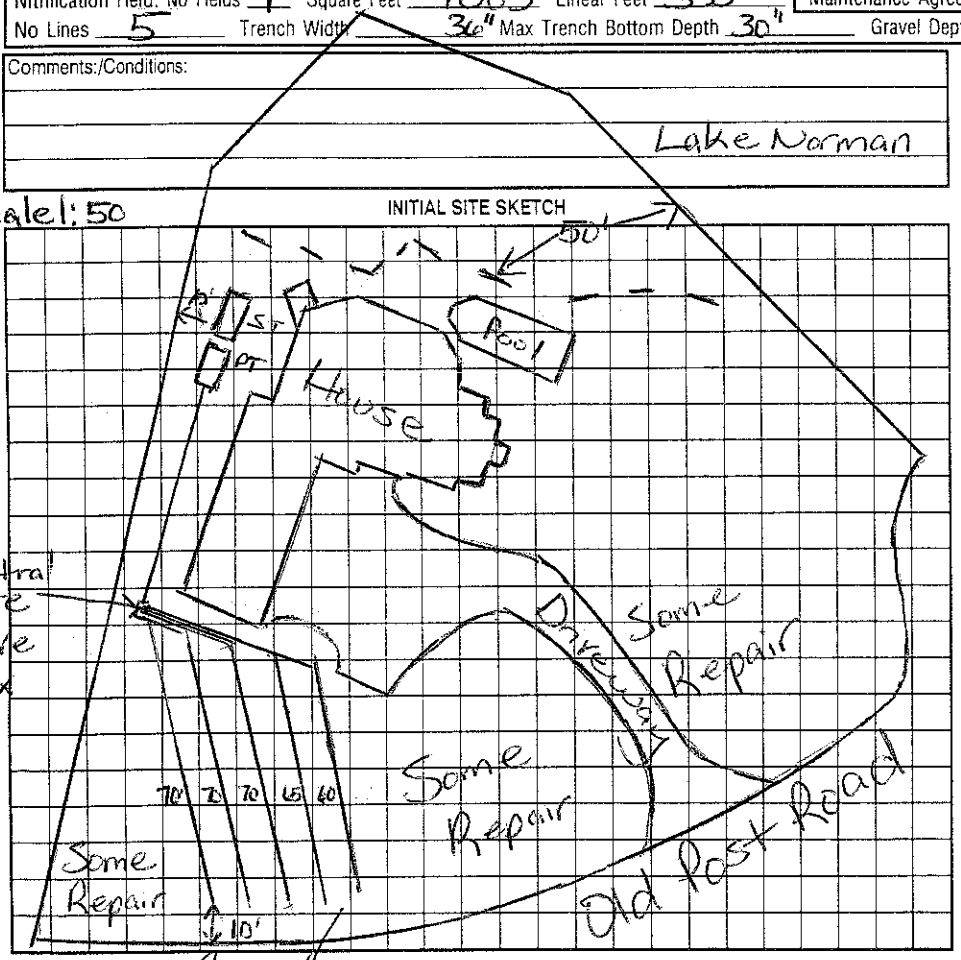
Comments:/Conditions:

Lake Norman

Comments:/Conditions: Keep Septic System at least 10' from PL & 50' from lake & at least 15' from pool

Scale 1:50

INITIAL SITE SKETCH




AS BUILT SKETCH

Checked tank & lines
Installed essentially as Drawn

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] RS date 10/22/03 Installed by: Richard Abernathy

Improvement Permit by: Maria H. Watson RS date 10/21/03 Operation Permit by: Wesley Sparks RS. date 6/16/04

Authorization to Construct by: Maria H. Watson RS date 10/21/03 Existing System Inspection by: _____ date _____

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