2:08

IREDELL COUNTY HEALTH DEPARTMENT

STATE[illegible] 5305 50.00 Taid MOORESVILLE 704-664-5281

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

PERMIT# 073933 PIN# 4625-94-1684 4635-16-5363 DATE 12/23/02

OWNER OR CONTRACTOR Simmons Builders / Greg Golden PHONE: Business 704-201-8976 Home

ADDRESS 817 E Morehead st Charlotte NC 28202

LOCATION Bromley Sch, TL Chatham TL Mayfair, TR Tisbury on Corner Lt

SUBDIVISION Point BLOCK / SECTION 1-B LOT 32 LOT AREA 43457 ft² SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.25

Septic Tank: 1500 Gallons; STB 338 Date 6-24-03

Pump Tank: 1500 Gallons; PT 338 Date 6-14-03

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5@120' 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% Reduc

Repair System Description: LP Pump Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Bathrooms 5½ No. Employees ____

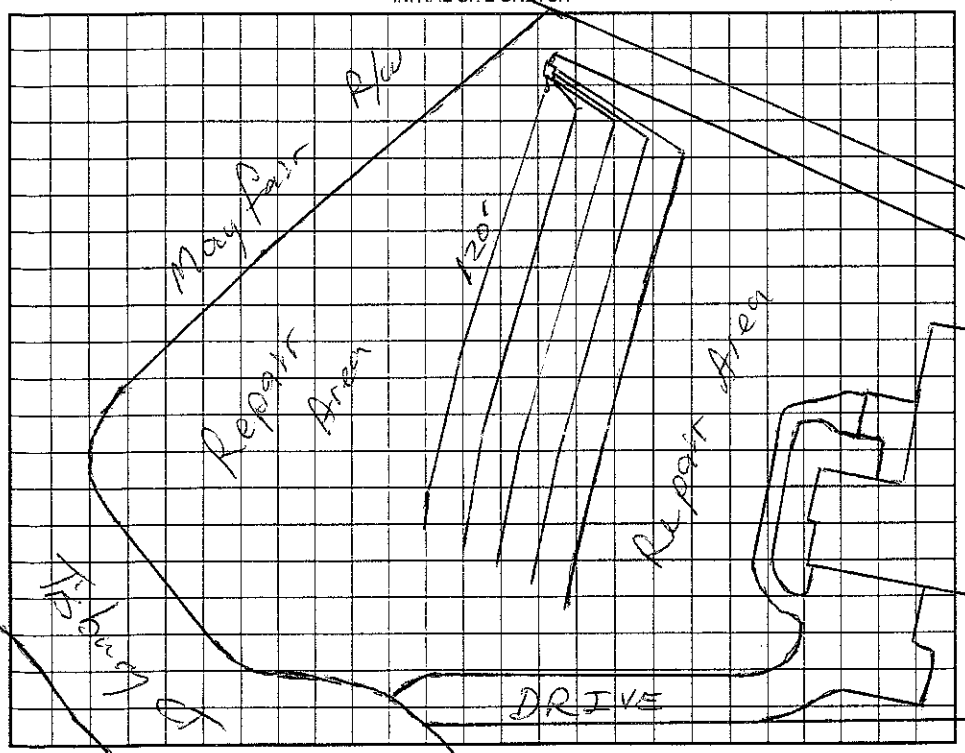
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

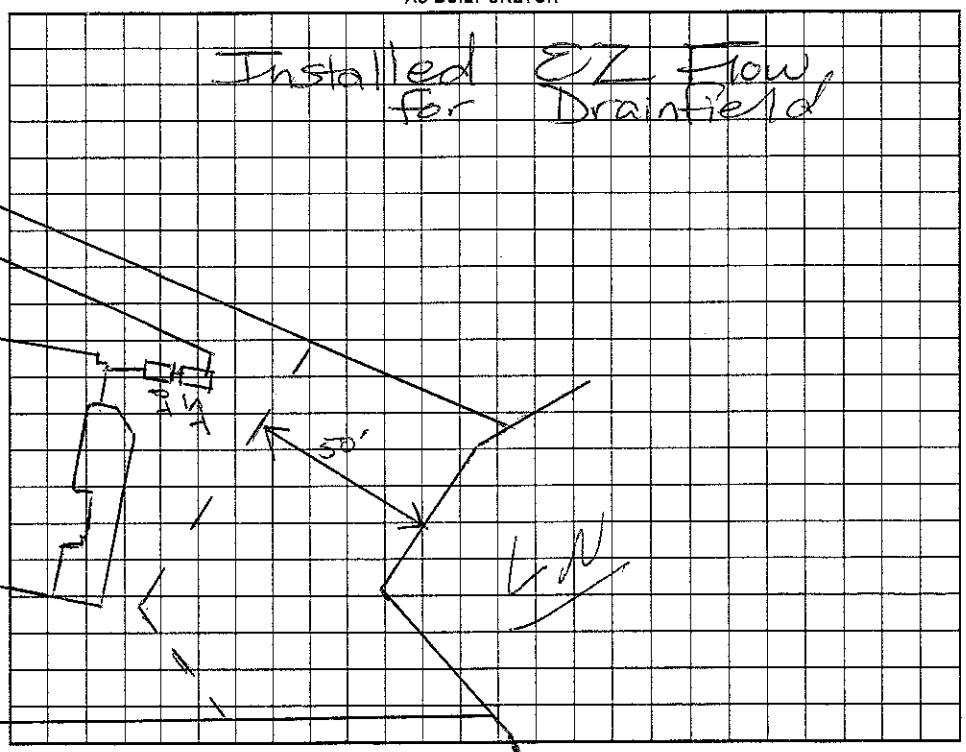
Comments:/Conditions:

Comments:/Conditions: Checked lines 7/25/03. M
Checked tanks 7/28/03
Pressure, elect & alarm checked 8/11/03 MB

INITIAL SITE SKETCH 1"=50'



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 12/30/02 Installed by: R & H

Improvement Permit by: _____ RS date 12/23/02 Operation Permit by: Marion H. Dickson RS date 8/

Authorization to Construct by: _____ RS date 12/23/02 Existing System Inspection by: _____ date

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