PERSONAL TRAINING FACILITY - UPFIT

IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 157305 PIN # 4647-01-3668 (E) DATE AUGUST 18, 2009

OWNER or APPLICANT PILOT DEVELOPERS, LLC PHONE: Business 704-202-1524 Home: 704-202-8449

OWNER or APPLICANT ADDRESS 736 BRAWLEY SCHOOL ROAD MOORESVILLE NC 28117

LOCATION / DIRECTIONS BRAWLEY SCHOOL ROAD SW, 1ST DRIVE ON RIGHT PAST MORRISON PLANTATION

SUBDIVISION BRAWLEY CROSSING BLOCK / SECTION SUITE - E LOT AREA 2.12AC DESIGN FLOW 450 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank 1000 Gallons: STB 312 Date 2-13-08

Pump Tank 1000 Gallons: PT 283 Date 1-4-08

Pump Make GOULDS Model _____ Serial # _____

Nitrification Field No Fields 1 No Lines 5 Linear Feet 250

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth NA

☐ New System ☐ Repair ☐ Expansion System Type I II III IV (V)(b)

System Description: LOW-PRESSURE PPBPS

Repair System Description: LOW-PRESSURE PPBPS

Maintenance Agreement Required ☑ YES

☐ GRAVITY ☑ PRESSURE

☐ Residence No. Bedrooms _____

☑ Business No. Persons 10

☐ Other No. Employees 1

☑ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions

Comments / Conditions ① SYSTEM WAS SIZED BY .1949(b) STANDARDS ② SEE ATTACHED LETTERS of APPROVAL FROM TRISH ANGOLI, PE & TIM JOHNSON ③ SEE ATTACHED CERTIFIED MAINTENANCE AGREEMENT WITH S & ME

INITIAL SITE SKETCH

AS BUILT SKETCH

SEE ATTACHED PERMIT #138320

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date _____

Improvement Permit by: _____ Date _____

Authorization to Construct by: _____ Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: _____

Operation Permit by: _____ Date: _____

Existing System Inspected by: STEVE HENDRICK Date: 8-18-09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant