IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (1) MOORESVILLE 704-364-5201

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

PERMIT# 131244 PIN# 4626071828.468 4616978869 DATE 11-16-06

OWNER OR APPLICANT Simonini Builders PHONE: Business _____ Home _____

ADDRESS 1910 South Blvd Charlotte, NC

LOCATION Brawley School Rd TR McKendree TR Spears Creek Dr at end

SUBDIVISION The Farms BLOCK / SECTION 4 LOT 468 LOT AREA 1.069Acre SITE CLASS. PS DESIGN FLOW 480gpd T.A.R. .25

Septic Tank: 1000+ Gallons; STB 338 Date 10-20-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields I Square Feet 1440 Linear Feet 480'

No Lines 5@96' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☐ Pressure

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

System Description: Gravity-25% Reduction

Repair System Description: 4 PPPBPS

Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

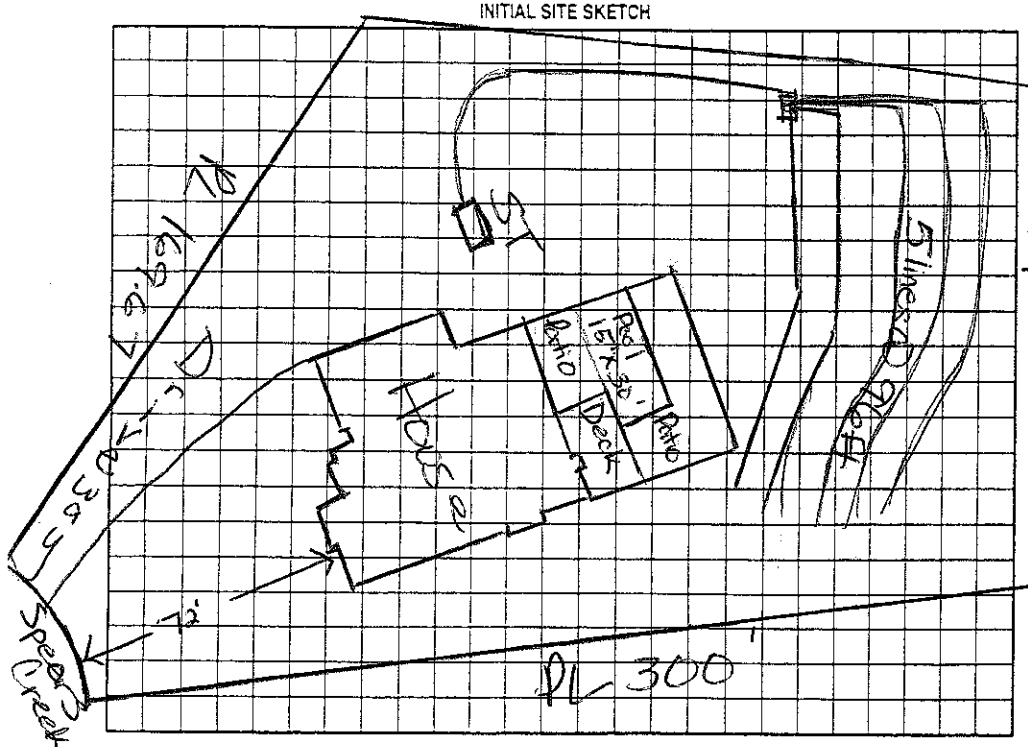
Water Supply: ☐ Individual ☒ Public ☒ Community

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

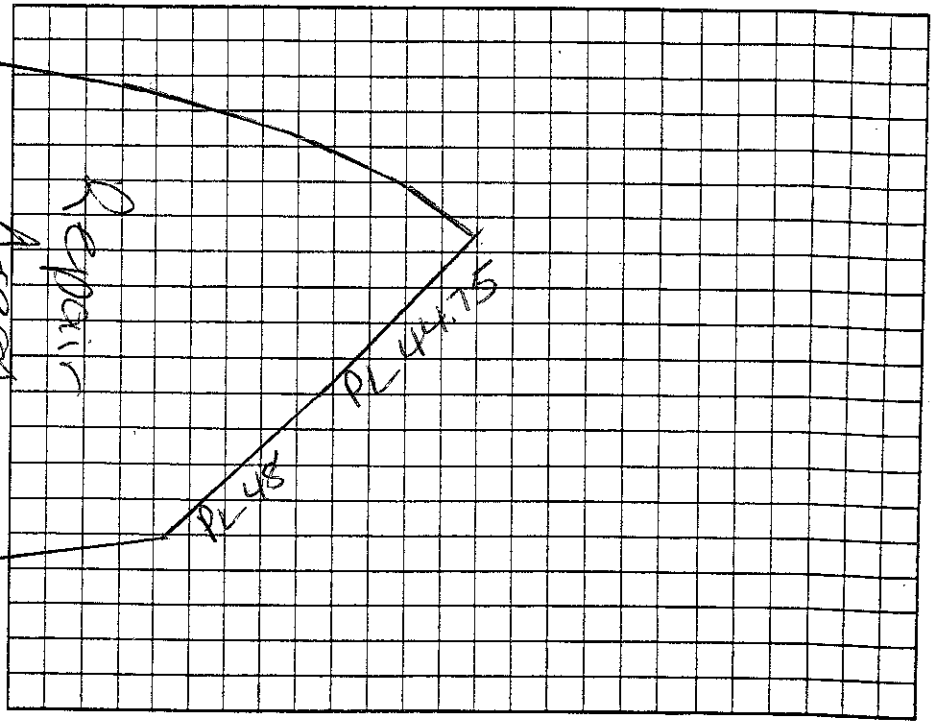
Comments:/Conditions: Okay to install in 4 lines @ 120 Ft each if it will fit

Comments:/Conditions: Installed EZ Flow 11/21/06 Checked Upper 2 lines Installed 5 lines as Drawn

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 11/20/06 Installed by: R&H

Improvement Permit by: Maria H. Tolson RS date 11/16/06 Operation Permit by: Maria H. Tolson date 11/28/06

Authorization to Construct by: Maria H. Tolson RS date 11/16/06 Existing System Inspection by: _____ date _____

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