IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # ~~14958~~ 20120

APPLICANT: Alan Simonini Builders ~~APPLICANT~~ STE ADDRESS: 188 Blarney Rd Mooresville NC

PIN # 4624270509

SITE ADDRESS: 501 E Morehead St # 4 Charlotte NC 28202 PHONE: ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd LR Stonemarker LL Blarney on Rt

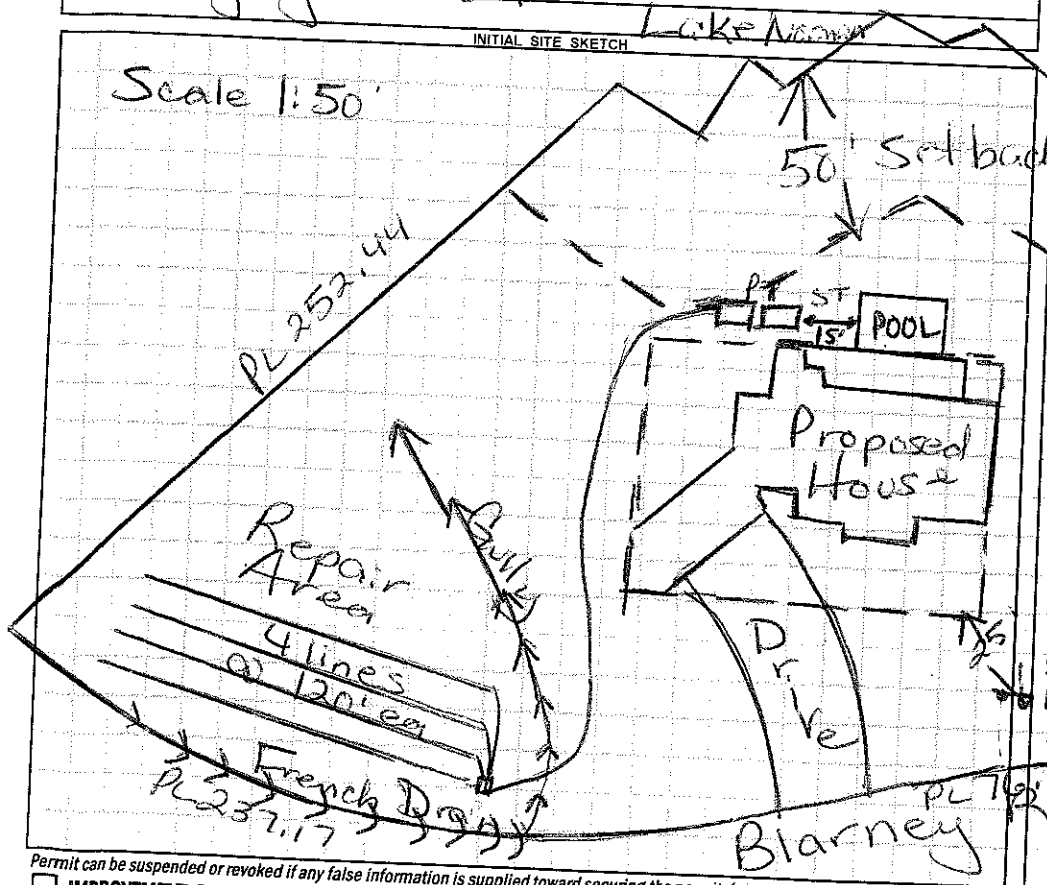
SUBDIVISION: CL&T COWANS FORD SECTION: 6 LOT # 1708 LOT AREA: 1.39Ac DESIGN FLOW: 480gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	Date	System Description:	Pump-PM-25% Reduction			☐ Business	No. Persons		☒ Private
Pump Make		Model	Serial #	Repair System Description:			LP Panel Blk.	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft: 480'	Maintenance Agreement Required:	☐ YES	☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Note: French Drain to be installed 10ft upslope from Drainfield 48" Deep & daylighted out

This permit replaces previous permit from 2/24/05. Only house location was changed. Original soil & Site assessment done by B. Freeman & Gary McNelly.

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed / existing Pool addition does not appear to impact the existing septic system.

**NOTE:

R.S.

Date: 2-5-14

ICHD-Environmental Health Division

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: X

IMPROVEMENT PERMIT by: RS Date:

AUTHORIZATION TO CONSTRUCT by: RS Date: 8/22/13

Installed by:

OPERATION PERMIT by: Date: 8/22/13

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK