100.00 Fair

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139686 PIN# 4624356934 DATE 12-21-06

OWNER OR APPLICANT Simonini Builders PHONE: Business 358-9940 Home 201-8976

ADDRESS 1900 South Blvd. Ste 200 Charlotte, NC

LOCATION Brawley School Tr Hopkinton Dr 2nd lot on right #142

SUBDIVISION Point BLOCK / SECTION 10 LOT 104 LOT AREA 30,066 Ft2 SITE CLASS. PS DESIGN FLOW 450 gpd A.R. .3

EXIS Septic Tank: 1500 Gallons; STB ____ Date ____

Pump Tank: 1000 Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

EXIS Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines 3@90 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Existing 3 Pump-1 P Panel Blk

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

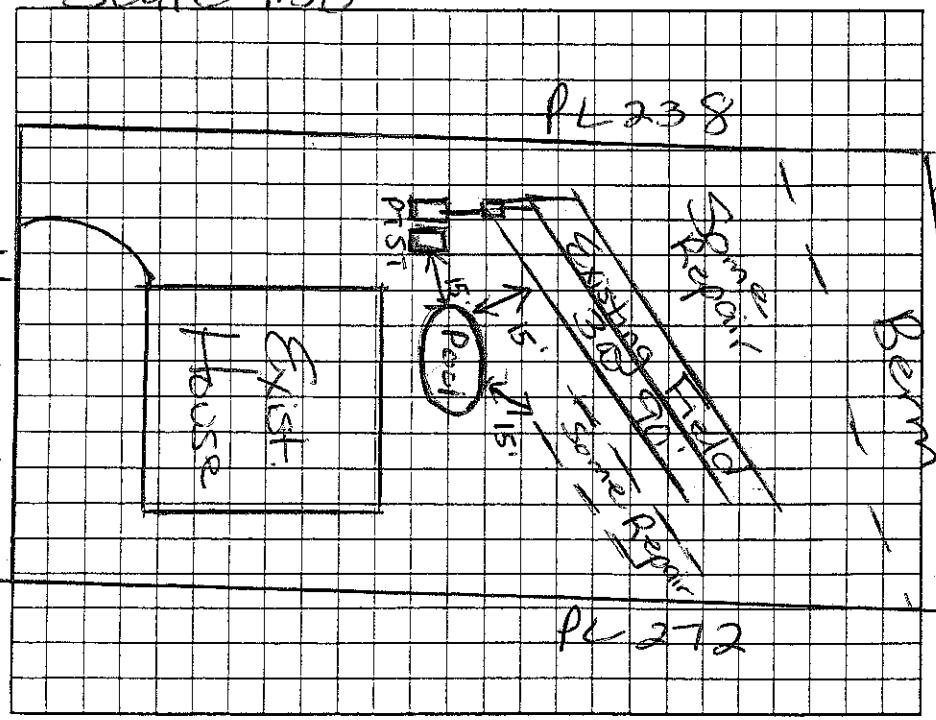
Water Supply: ☐ Individual ☒ Public ☒ Community

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

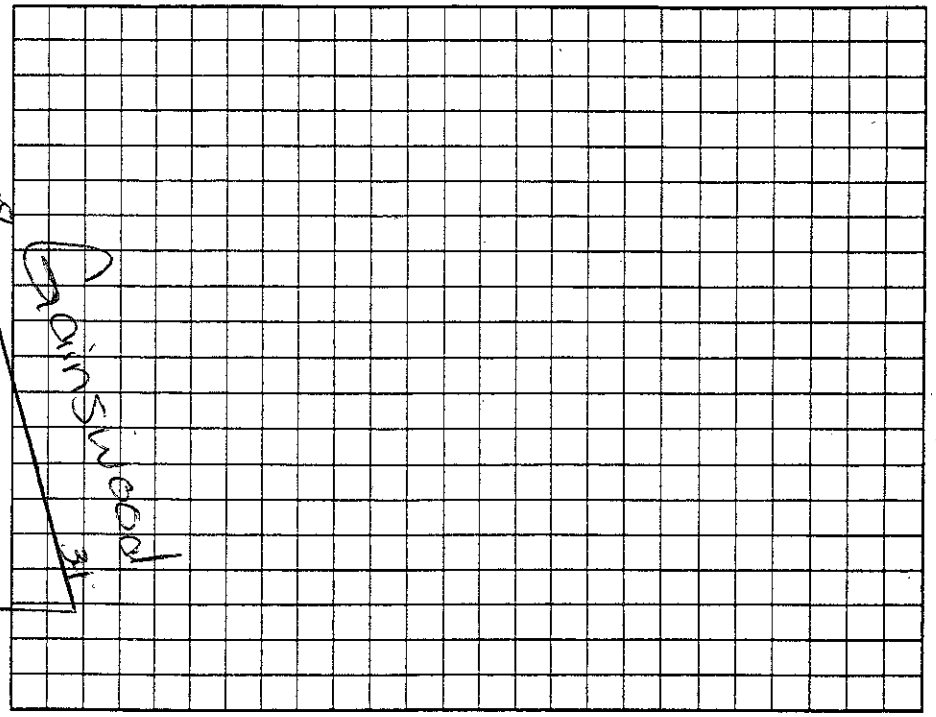
Comments:/Conditions: Must Keep Pool at least 15ft From Septic System

Comments:/Conditions: Existing System okay, re designated repair area to fit pool in

Scale 1:50 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 1/19/07 Installed by: ____

Improvement Permit by: Myra H. Dotson RS date 12/21/06 Operation Permit by: ____ date ____

Authorization to Construct by: Myra H. Dotson RS date 12/21/06 Existing System Inspection by: Myra H. Dotson RS date 12/21/06

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