IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12510 PIN# 4624362585.031 4624-35-8678 Rick DATE 9-24-07

OWNER OR APPLICANT Simonini PHONE: Business 704 358-9940 Home 201-8976

ADDRESS 1910 South Blvd. Charlotte, NC 28203

LOCATION Brawley School Rd to Hopkinton at end on Right

SUBDIVISION Point BLOCK / SECTION 10 LOT 1031 LOT AREA 30219 SITE CLASS. PSJ DESIGN FLOW 480gpd L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 338 Date 12-9-07

Pump Tank: 1000 Gallons: PT 27 Date 11-28-07

Pump Make: Goulds Model WE512HH10 Serial No.

Nitrification Field: No Fields 1 Square Feet 990 Linear Feet 330

No Lines 5 Trench Width See Note Max Trench Bottom Depth 36 Gravel Depth N/A

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

System Description: Pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Persons ___ No. Employees ___

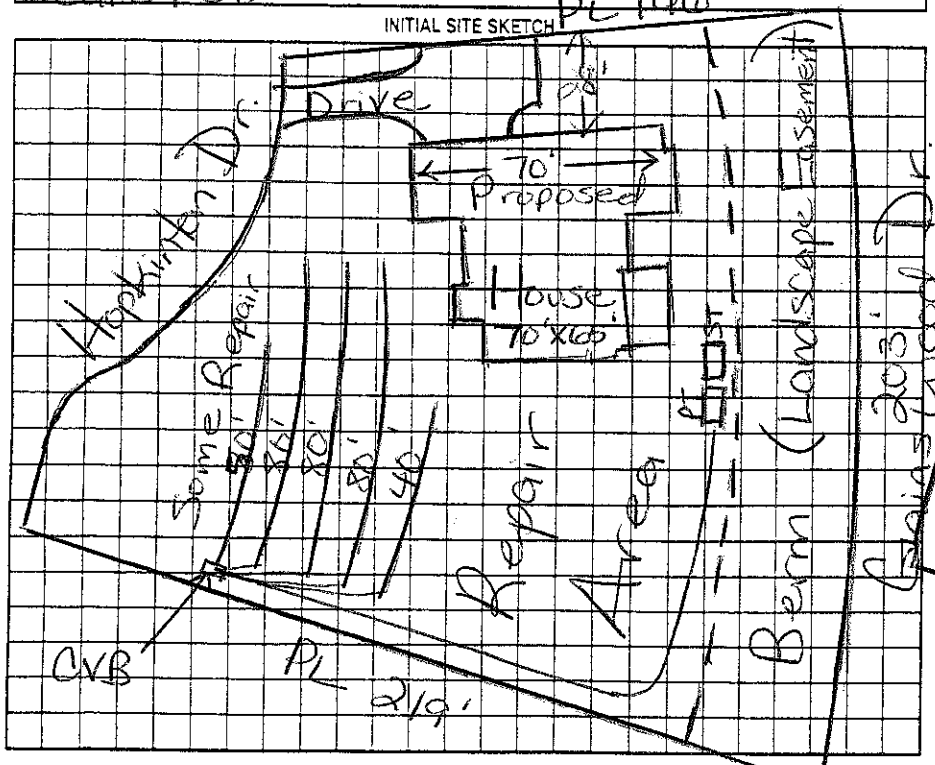
Water Supply: ☐ Individual ☒ Public ☒ Community

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

Comments:/Conditions: Note: Use trench width as Specified in Crescent Communities Manual

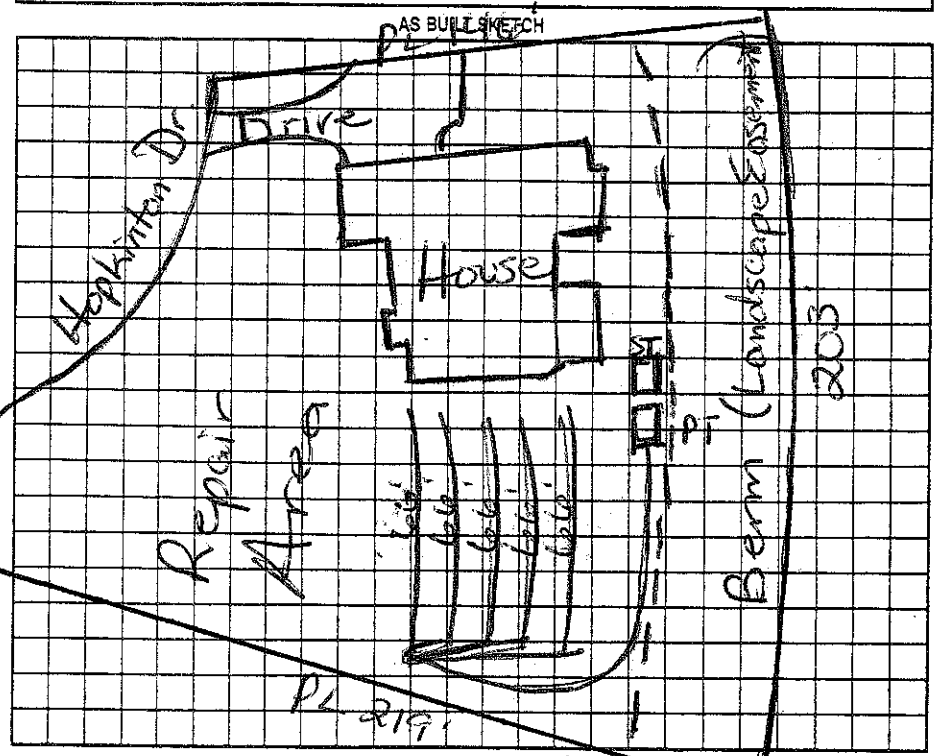
Scale: 1:50

INITIAL SITE SKETCH



Comments:/Conditions: 2/29/08 Checked tanks & lines Installed drainfield 50 6"-6" ft 5/5/08 Set pressure head.

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 10-1-07

Improvement Permit by: Maria H Colson RS date 9/24/07

Authorization to Construct by: Maria H Colson RS date 9/24/07

Installed by: _____

Operation Permit by: Maria H Colson RS date 5/21/08

Existing System Inspection by: _____ date _____

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