IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125093 PIN# 4624360556 DATE 12-5-05

OWNER OR APPLICANT Simonini Builders PHONE: Business 388-9940 ext 104 Home Rick 201-8976

ADDRESS 317 E. Morehead St. Suite 100 Charlotte, NC 28202

LOCATION Brawley School Rd TL Hopkinton on left

SUBDIVISION The Point BLOCK / SECTION 10 LOT 1020 LOT AREA 30,222 SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000f Gallons; STB 338 Date 11-23-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300ft Linear Feet 100ft

No Lines 3 @ 100' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity - 25% Reduction "Accepted"

Repair System Description: Pump-Up Panel Blk

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A ☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

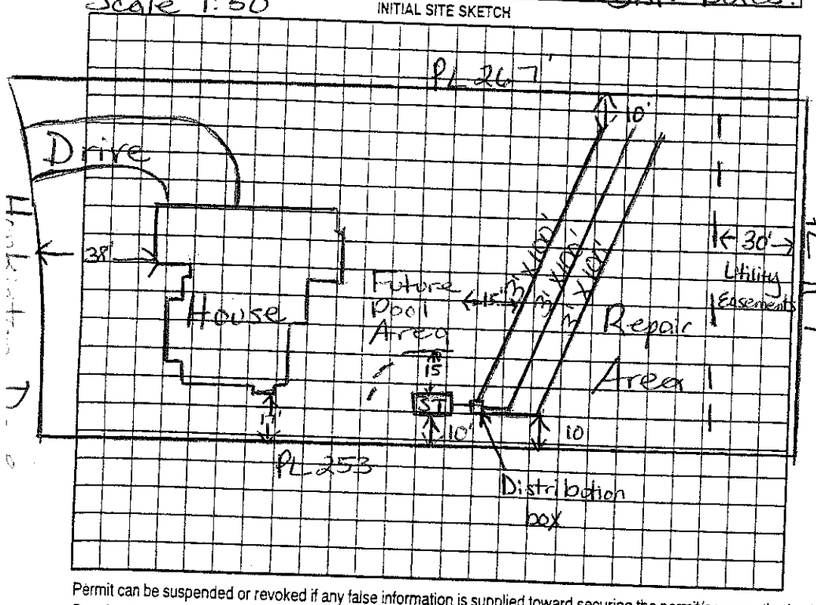
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: Keep Septic System 10' From PL & at least 10' from House. *Okay to use "Drop boxes" instead of Dist. boxes.

Comments:/Conditions: Note: Must keep any future pool at least 15ft from Septic System

Scale 1:50 INITIAL SITE SKETCH



AS BUILT SKETCH

Installed E.Z. Flow For Drain field

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: _____

Improvement Permit by: Maria H. Dolan RS date 12/5/05

Authorization to Construct by: Maria H. Dolan RS date 12/5/05

Installed by: _____

Operation Permit by: Maria H. Dolan RS date 1/30/06

Existing System Inspection by: _____ date _____

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