IREDELL COUNTY HEALTH DEPARTMENT

4624-36-6550

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

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

PERMIT# 125695 PIN# 4624362585.021 ~~4624-36~~ Ext 104 DATE 12-6-05

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

ADDRESS 817 E. Morehead St Suite 100 Charlotte, NC 28202

LOCATION Brawley School Rd Hopkinton

SUBDIVISION Point BLOCK / SECTION 10 LOT 1021 LOT AREA 30,107 ft² SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .34

Septic Tank: 1000 500 Gallons; STB 338 Date 12-12-05

Pump Tank: 1000 Gallons; PT 27 Date 11-28-05

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 540' Linear Feet 270'

No. Lines 3@ 90' Trench Width * 24" 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 3 No. Persons ____ No. Employees ____

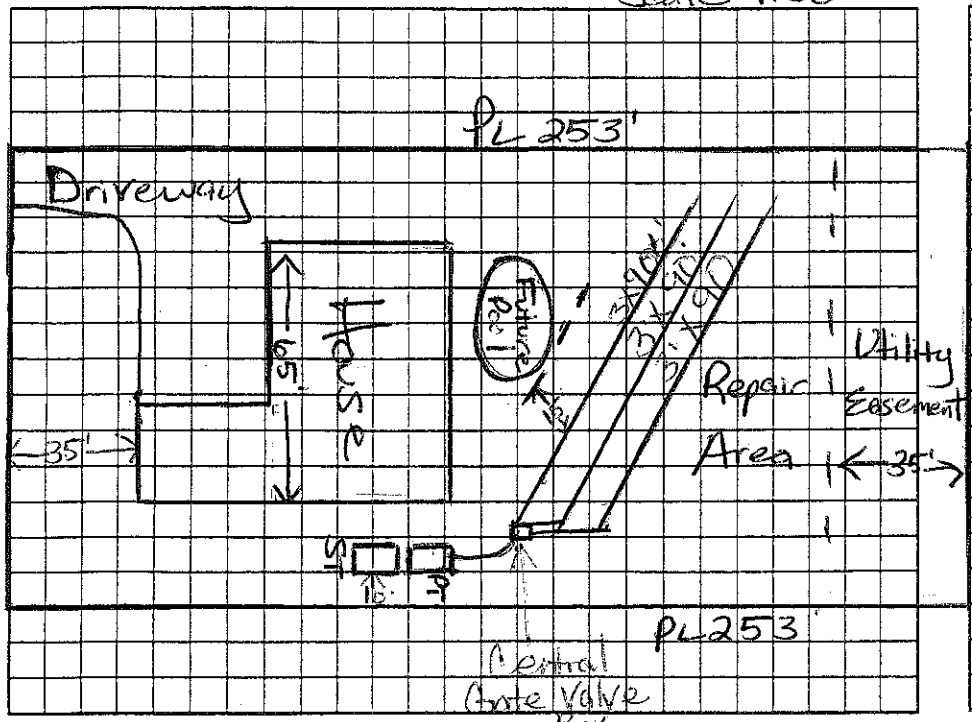
Water Supply: ☐ Individual ☒ Public ☒ Community

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

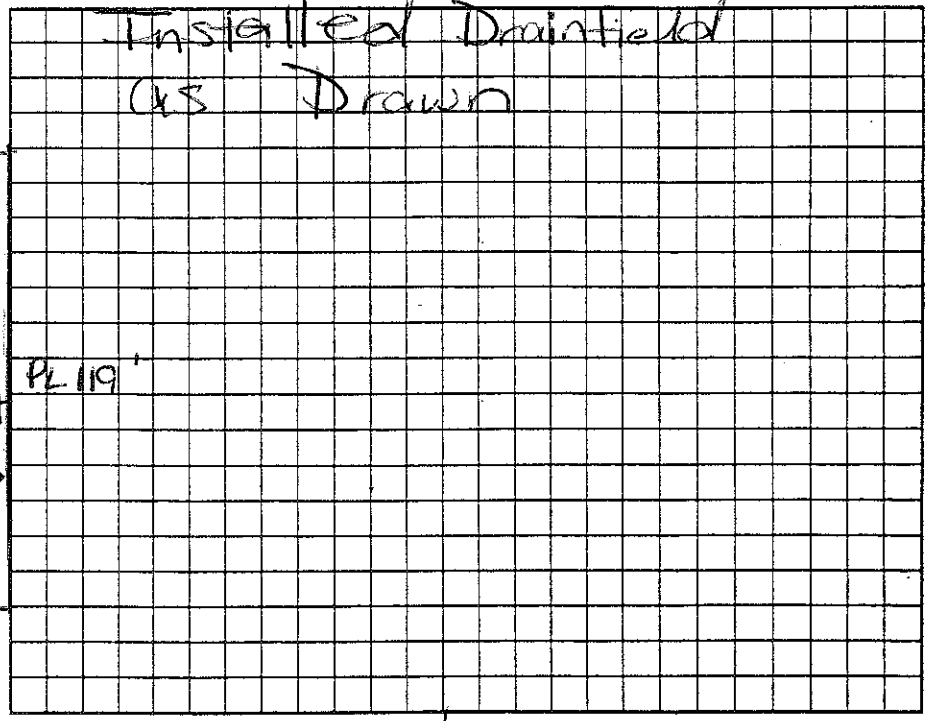
Comments/Conditions: * Trench width as specified in Manual for Crescent Communities On Site Septic Systems"

Comments/Conditions: Checked tanks & lines 2/2/06

INITIAL SITE SKETCH Scale 1:50



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 12/20/05 Installed by: R&H

Improvement Permit by: Maria H. Dolson RS date 12/6/05 Operation Permit by: _____ date 3/1/06

Authorization to Construct by: Maria H. Dolson date _____ Existing System Inspection by: _____ date _____

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