IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1146666 PIN# 4625 71 7476.26 4625-71-0161 DATE 6-18-07

OWNER OR APPLICANT Simonini Builders PHONE: Business _____ Home _____

ADDRESS 817 E Morehead St #100 Charlotte NC 28202

LOCATION Brawley School Rd & New Haven Tr N. Longfellow at end

SUBDIVISION Point BLOCK / SECTION 12 LOT 122 LOT AREA 78,301 ft² SITE CLASS. PSJ DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 12-4-07
Pump Tank: 1500 Gallons; PT 477 Date 8-7-07
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1005 Linear Feet 335
No Lines 5@67 Trench Width ~~As~~ See Note Max Trench Bottom Depth 36 Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pump-Up-Panel Blk
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other

Water Supply: ☐ Individual ☐ Public ☒ Community

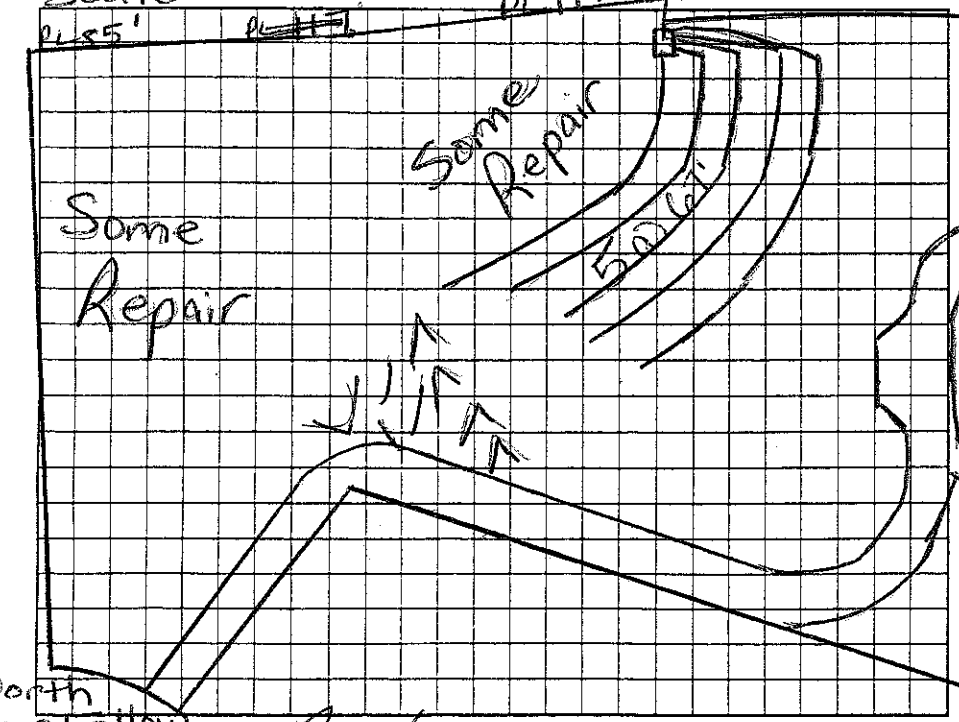
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: ~~★~~ Note: Use trench width specified in Crescent Communities Manual.

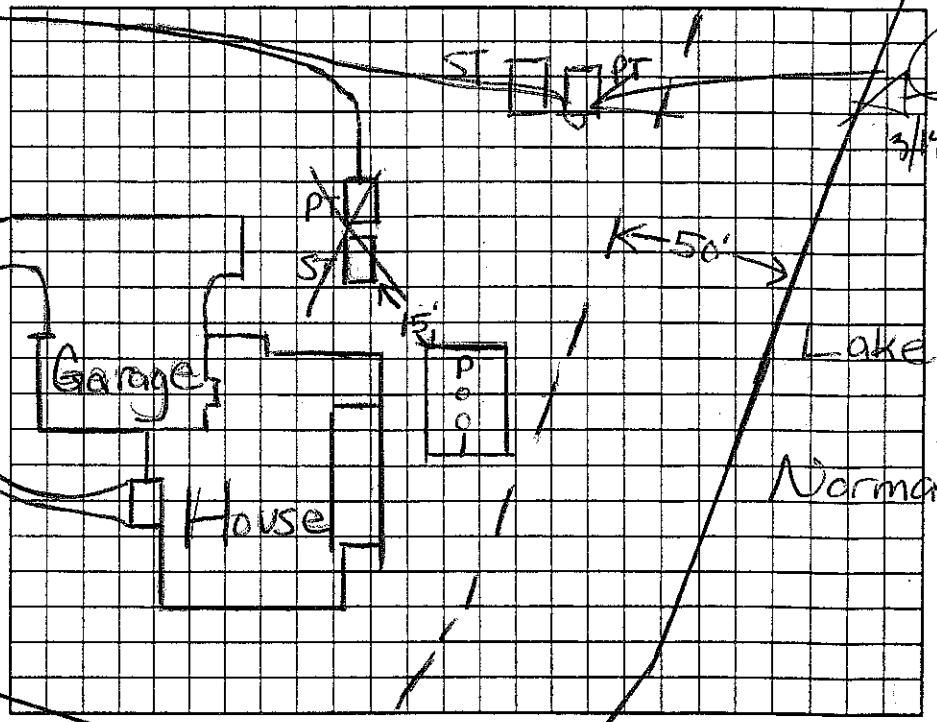
Comments/Conditions: 11/6/08 Checked tanks & lines, installed as Drawn

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 8/8/07

Improvement Permit by: Maria H. Dolan RS date 6/18/07

Authorization to Construct by: Maria H. Dolan RS date 11/8/07

Installed by: _____

Operation Permit by: Maria H. Dolan RS date 3/14/08

Existing System Inspection by: _____ date _____

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