IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5[illegible]

$500

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSP[illegible]ION

PERMIT# 082096 PIN# 4625941684 PT 4625782874

OWNER OR CONTRACTOR SIMONINI BUILDERS PHONE: Business _____ Home _____ DATE 11/01/02

ADDRESS PO BOX 1003 CHARLOTTE NC 28201

LOCATION BRAWLEY SCHOOL - TR MARSTONS MILL - TR WHITE HORSE - AT END

SUBDIVISION POINT BLOCK / SECTION 4 LOT 409 LOT AREA 31.173AC SITE CLASS. PS DESIGN FLOW 600GPD L.T.A.R. 300/1512

Septic Tank: 1500 Gallons; STB 338 Date 12-20-02 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1500 Gallons; PT 338 Date 9-3-02 System Description: PUMP INNOVATIVE OFFSITE

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: LR PANEL OFFSITE

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500 Maintenance Agreement Required: ☐ Yes ☑ No

No Lines 4@125' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

No. Bedrooms 5 No. Bathrooms 5 No. Employees ____

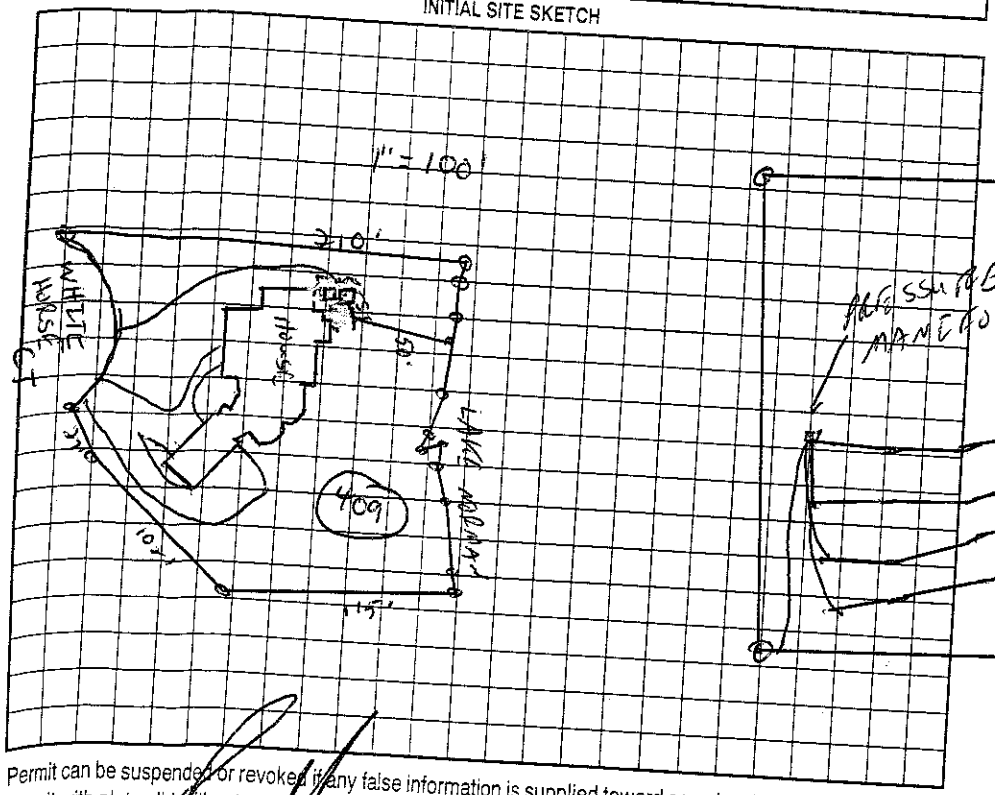
☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

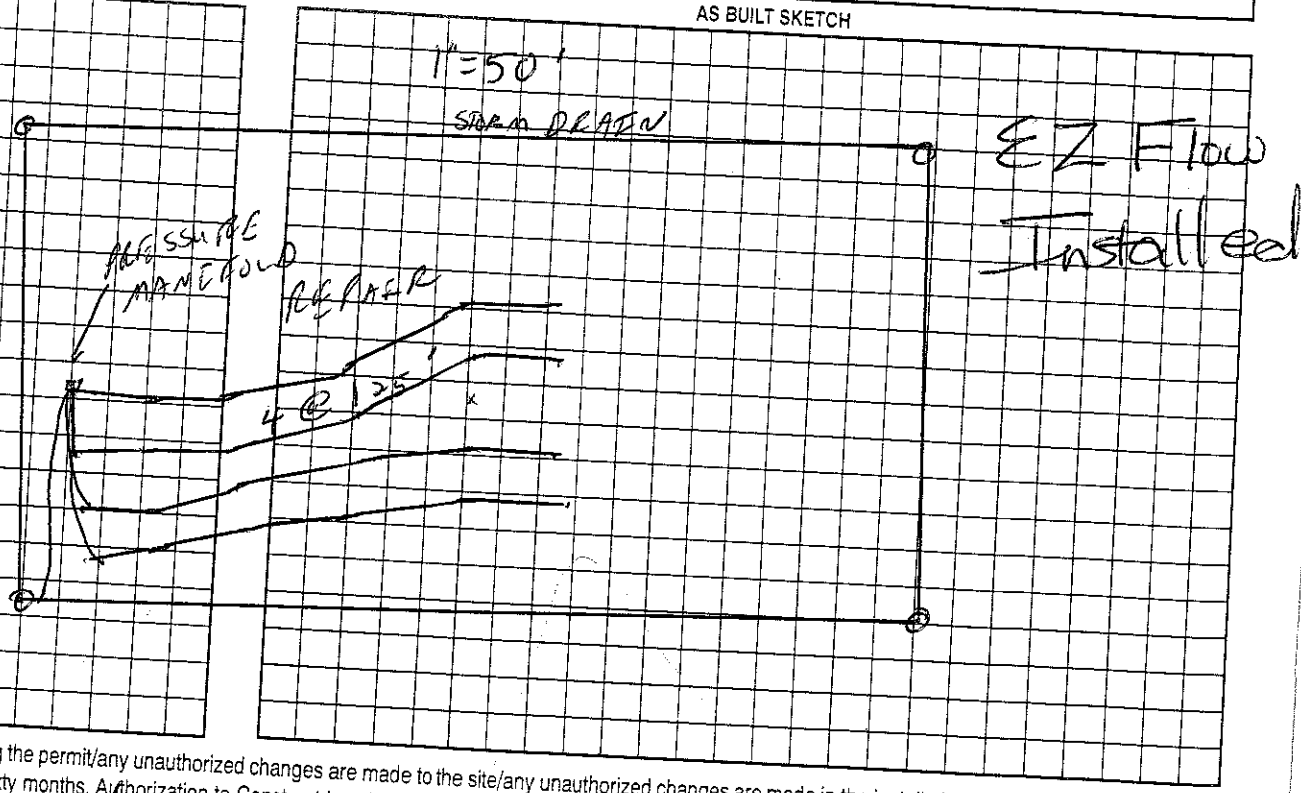
Comments:/Conditions: 1) REMOVE TERRACES
2) SEE MAP/PLAT FOR PUMP LINE RUNS AND COLOR CODES.

Comments:/Conditions: Tanks Checked 2/21/03
lines checked 3/14/03

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 11/22/02

Improvement Permit by: [signature] RS

Authorization to Construct by: [signature] RS date 11/01/02

Installed by: RH

Operation Permit by: [signature] RS date 11/1

Existing System Inspection by: _____ date _____

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