IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

2a

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

PERMIT# 01 1181 PIN# ~~4625-41-1684 Pt~~ 4625-86-3114 DATE 4/30/2001

OWNER OR CONTRACTOR CRI / Simonini Builders PHONE: Business _____ Home _____

ADDRESS 817 E. Morehead St Suite 100 Charlotte, NC 28202-2705

LOCATION Brawley School Rd TR Polpis Road at end

SUBDIVISION The Pointe BLOCK / SECTION 5 LOT 5/14 LOT AREA .91 Acre SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 9/15/01
Pump Tank: 1500 Gallons; PT 338 Date 9/11/01
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1080' Linear Feet 360'
No Lines ~~4 at 90~~ Trench Width 24-36" Max Trench Bottom Depth 30" Gravel Depth _____

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Pump-LP-Pavel Block
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

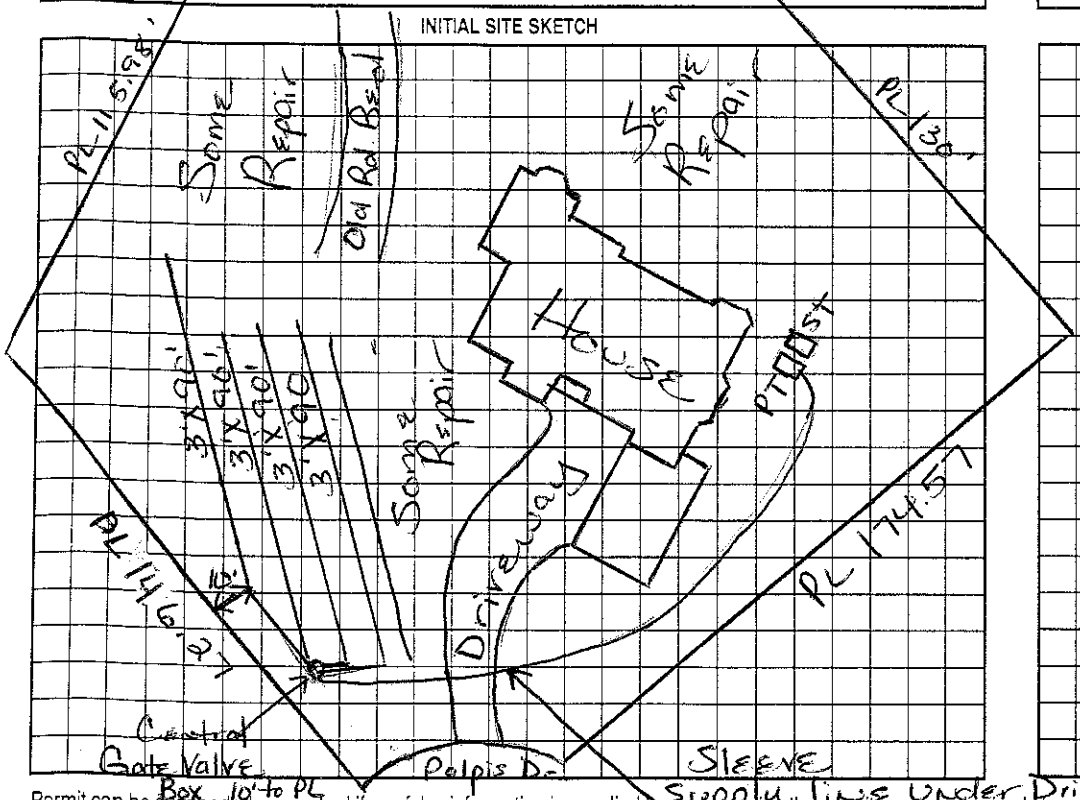
Water Supply:
☐ Individual
☒ Public
☐ Community

Comments/Conditions: 5@72

Comments/Conditions: Keep Septic System at least 10' From PL
Elect. Alarm & Pressure Checked 3/20/02

Scale 1:50

INITIAL SITE SKETCH



AS BUILT SKETCH

* All water lines including Sprinklers Need to be 10' From Septic Drain lines

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: Eric B. Clay date 5-2-01 Installed by: R+H Inc

Improvement Permit by: Maria H. Tolson RS date 5/2/2001 Operation Permit by: Maria H. Tolson RS date 3/20/2002

Authorization to Construct by: Maria H. Tolson RS date 5/2/2001 Existing System Inspection by: _____ date _____

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