IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82470 PIN# ~~4625944684 PT~~ 4625-88-4923 DATE 3-27-2002

OWNER OR CONTRACTOR Simonini Builders PHONE: Business 358-9940 Home Brian Hall 309-3253

ADDRESS 817 E. Morehead St. Charlotte, NC Ste 100

LOCATION Brawley School Rd TR Marston Mill lot is 2nd on left

SUBDIVISION The Point BLOCK / SECTION 4 LOT 486 LOT AREA .83 Acre SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: ~~1500~~ Gallons; STB 338 Date 9/29/03

Pump Tank: 1000 Gallons; PT 285 Date 9/29/03

Pump Make: Myers Model ME505-21 Serial No

Nitrification Field: No Fields 1 Square Feet 990 Linear Feet 330'

No Lines 6 @ 55 Trench Width 24-36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I II III IV V VI

System Description: Pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 4

[ ] Business No. Employees

[ ] Other

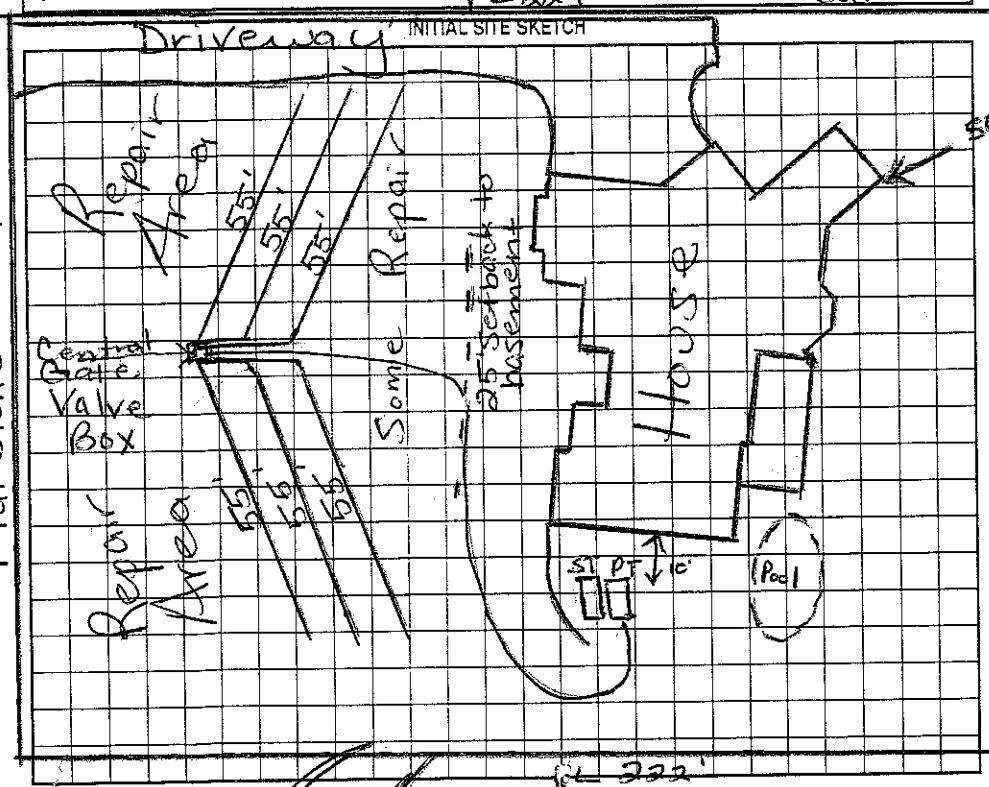
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [X] Community

Comments:/Conditions: Keep Septic System at least 10' PL, 25' from basement wall & 15' from pool.

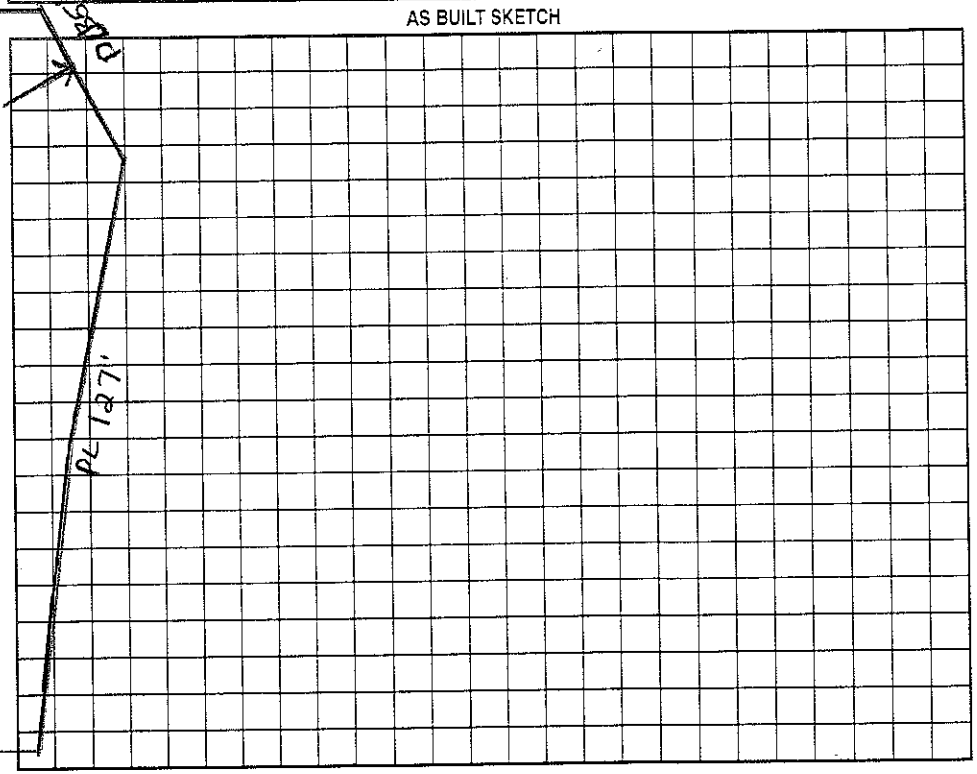
Comments:/Conditions: Remove all terraces and berms. 12-13 panels per ditch. Install filter on pump.

INITIAL SITE SKETCH



Scale 1:40

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 4/12/02 Installed by: R+H RS

Improvement Permit by: Maria H. Dolson RS date 3/27/2002 Operation Permit by: Maria H. Dolson date 11/17/03

Authorization to Construct by: Maria H. Dolson RS date 3/27/2002 Existing System Inspection by: _____ date _____

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