IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281 10:30

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECT.

PERMIT# 071658 PIN# 4625 94 1684 Brian 4625-94-4832 DATE 6-17-2002

OWNER OR CONTRACTOR CRI / Simonini PHONE: Business 309-3253 Home

ADDRESS 817 E. Morehead St. Charlotte, NC 28202

LOCATION Brawley School Rd. TL The Point Dr. on left before jct w/ Meeting House

SUBDIVISION The Pointe BLOCK / SECTION A LOT 127 LOT AREA 54,352ft² SITE CLASS. PS DESIGN FLOW 6 bdrm pd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 6-15-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: LPP - Panel Block
Maintenance Agreement Required: [ ] Yes [X] No

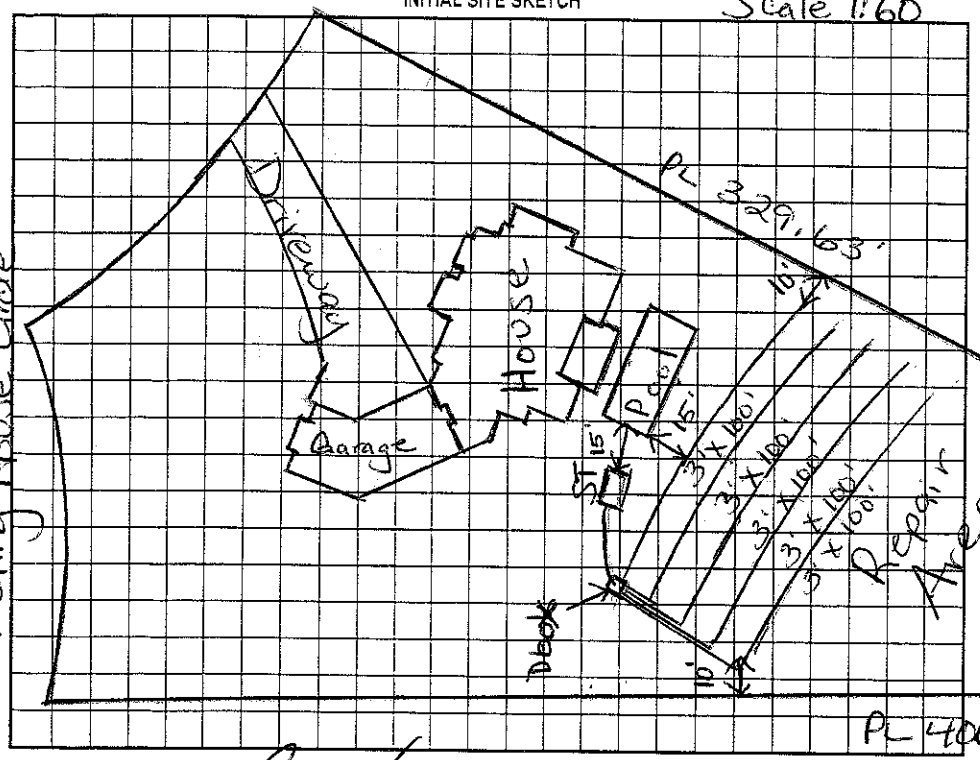
[X] House/Mod. Home No. Bedrooms 5
[ ] Mobile Home No. Bathrooms 4.5
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

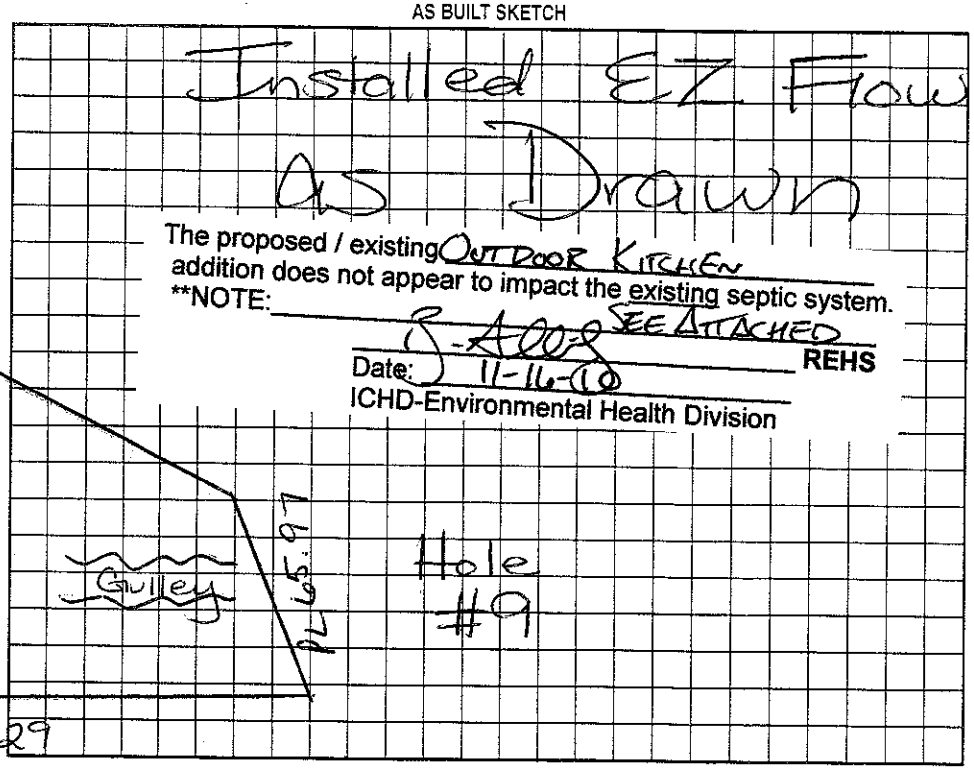
Comments:/Conditions: Keep Septic System at least 10' to PL. Remove old berms and terraces.

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:60



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.

Improvement Permit by: Maria H. Dotson RS date 6/17/2002 Installed by: R & H Inc.

Authorization to Construct by: Maria H. Dotson RS date 6/17/2002 Operation Permit by: Maria Dotson date 7/19/2002

Existing System Inspection by: ____ date ____

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