11:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122323 PIN# ~~4625842807 (pt)~~ 4625-99-2005 DATE 7-7-05

OWNER OR CONTRACTOR Simonini Builders PHONE: Business 388-9940 Home 980 722-9629

ADDRESS 817 E Morehead St. Charlotte, NC

LOCATION Brawley School Rd on left past Bay Harbour Rd

SUBDIVISION The Point BLOCK / SECTION II LOT 239 LOT AREA 53743 SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25-.3

Septic Tank: 1000+ Gallons; STB 338 Date 6-26-05 ☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1000 Gallons; PT 21 Date 7-4-05 System Description: Pump-LP-Panel Blk

Pump Make: Goulds Model WE0312HC Serial No. Repair System Description: Same

Nitrification Field: No. Fields 1 Square Feet 1050 Linear Feet 350' Maintenance Agreement Required: ☒ Yes ☐ No

No. Lines 7@50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3.5

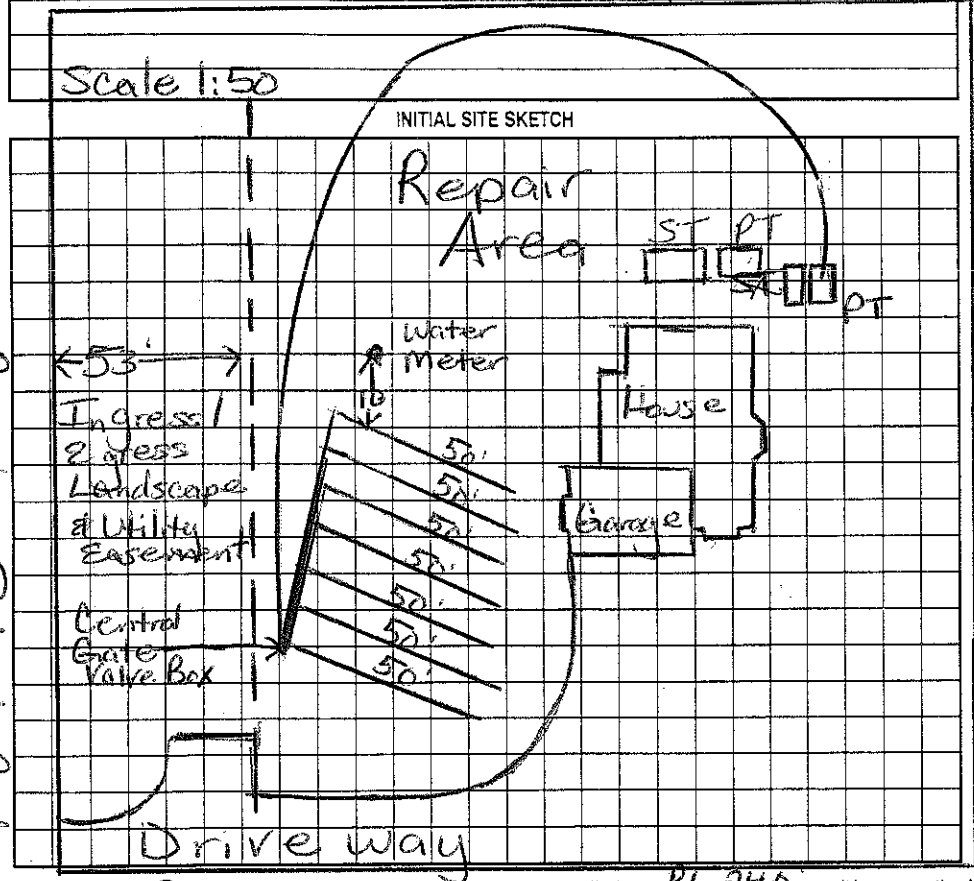
☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions: PL 240

INITIAL SITE SKETCH



Comments:/Conditions: Stay at least 10' from water meter & water line

Checked tanks & lines 8/12/05

Replaces previous permit 9-10-04

Checked Supply Lines 8/15/05

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 7-7-05 Installed by: _____

Improvement Permit by: _____ RS date 7/7/05 Operation Permit by: _____ RS date 11/10/05

Authorization to Construct by: _____ RS date 7/7/05 Existing System Inspection by: _____ date _____

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