IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118747 PIN# ~~4626 38 4001~~ 4626 16 9257 DATE 9/14/05

OWNER OR CONTRACTOR The Farms / Simonini PHONE: Business _____ Home _____

ADDRESS 1910 Spoth Blvd

LOCATION Brawley School TR McKendree TL Kemp TR Alder TL Bayberry

SUBDIVISION The Farms BLOCK / SECTION _____ LOT 359 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1500 Gallons; STB 338 Date 8-8-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4 @ 120 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: (I) II, III, IV, V, VI

System Description: Gravity - 25% Reduction

Repair System Description: LPP Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

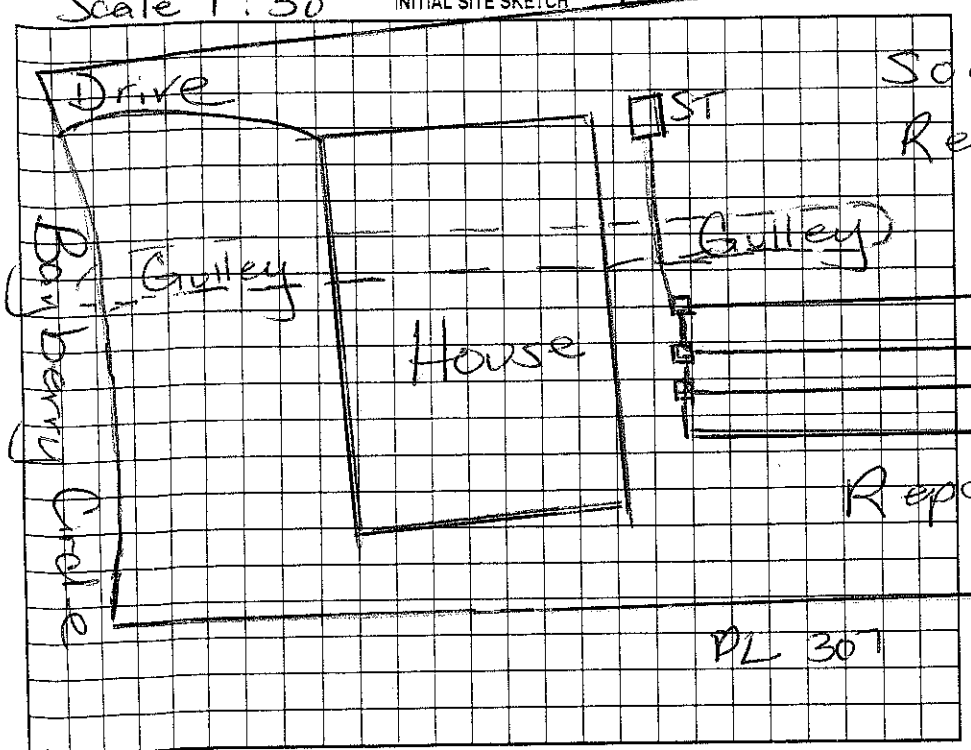
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

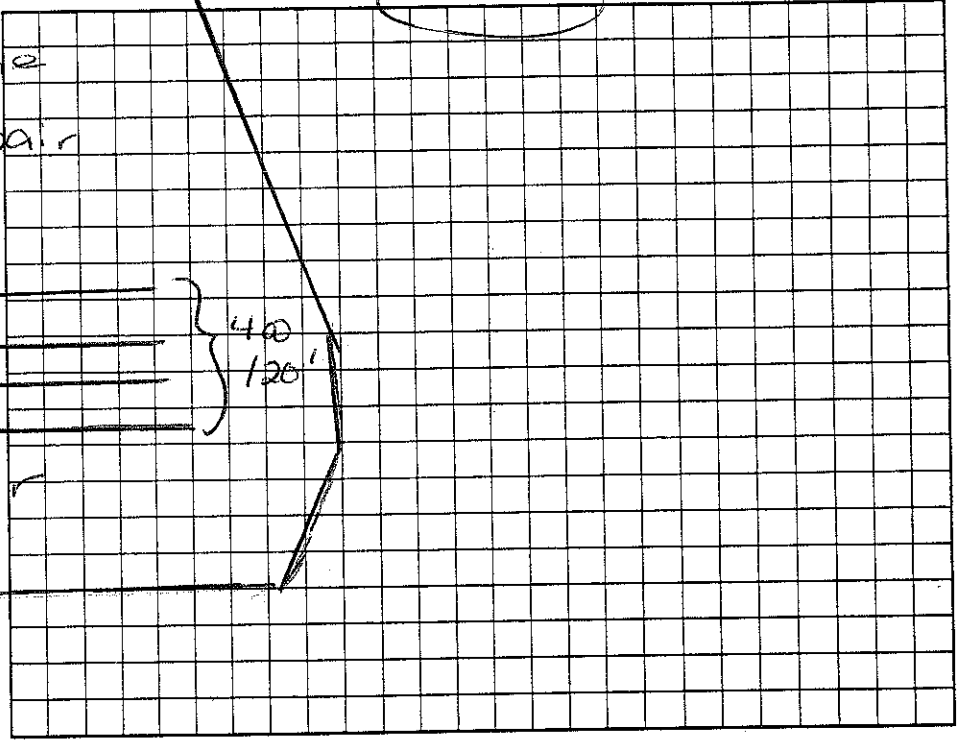
Comments:/Conditions:

Comments:/Conditions: Installed Grav-E-Z Flow as Drawn

Scale 1" : 50' INITIAL SITE SKETCH PL 297



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 9/14/05 Installed by: R&H Dotson RS

Improvement Permit by: Maria H Dotson RS date 9/14/05 Operation Permit by: Maria H Dotson date 9/15/05

Authorization to Construct by: Maria H Dotson RS date 9/14/05 Existing System Inspection by: _____ date _____

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