IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118748 PIN# ~~4626384001.360~~ 4626260250 Perrin DATE 6-28-05

OWNER OR CONTRACTOR Simonini Builders PHONE: Business 358-9940 Home 980 722-9629

ADDRESS 1910 South Blvd. Charlotte, NC

LOCATION Brawley School Rd TR McKendree TL Kemp TR Alder Springs TL Bayberry Creek on Rt a) Linden Fall

SUBDIVISION The Farms BLOCK / SECTION 3 LOT 360 LOT AREA 1 Acre SITE CLASS. PS DESIGN FLOW 600gpd T.A.R. .25

Septic Tank: 1500 Gallons: STB 338 Date 12-4-05

Pump Tank: [redacted] Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1950 Linear Feet *650

No Lines *5 @ 130' 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: Pump - LP - Panel

Maintenance Agreement Required: ☐ Yes ☒ No Blk

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Bathrooms 4 No. Employees ____

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

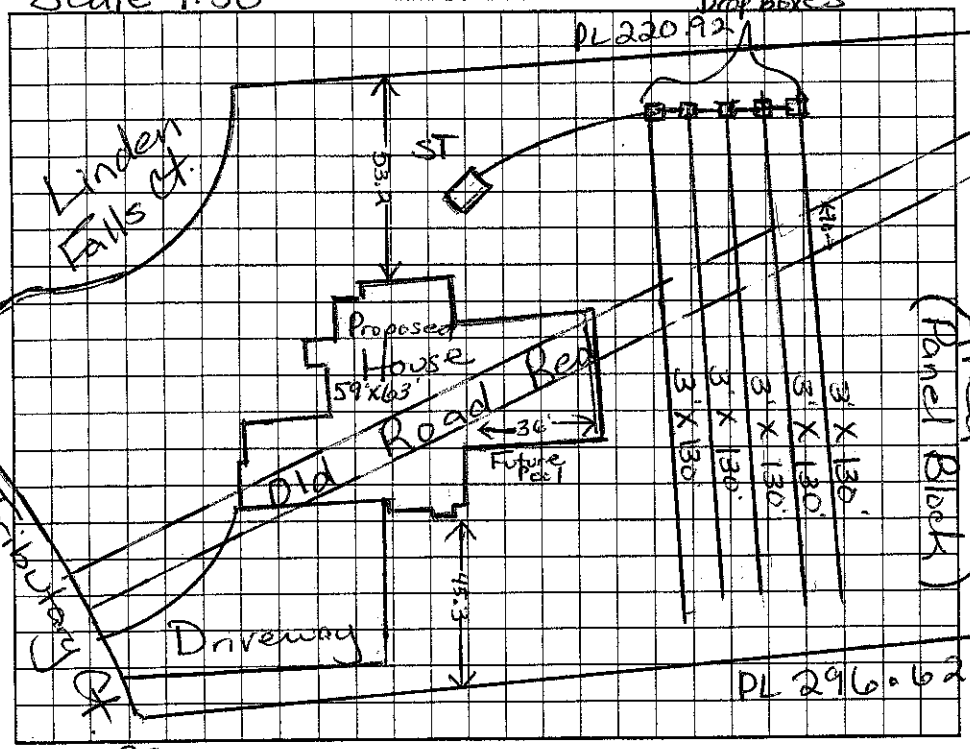
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: * 10' under Old Road Bed does not Count toward linear feet therefore actual linear feet = 5 @ 120 or 600ft.
* Okay to use Distribution box instead of Drop boxes

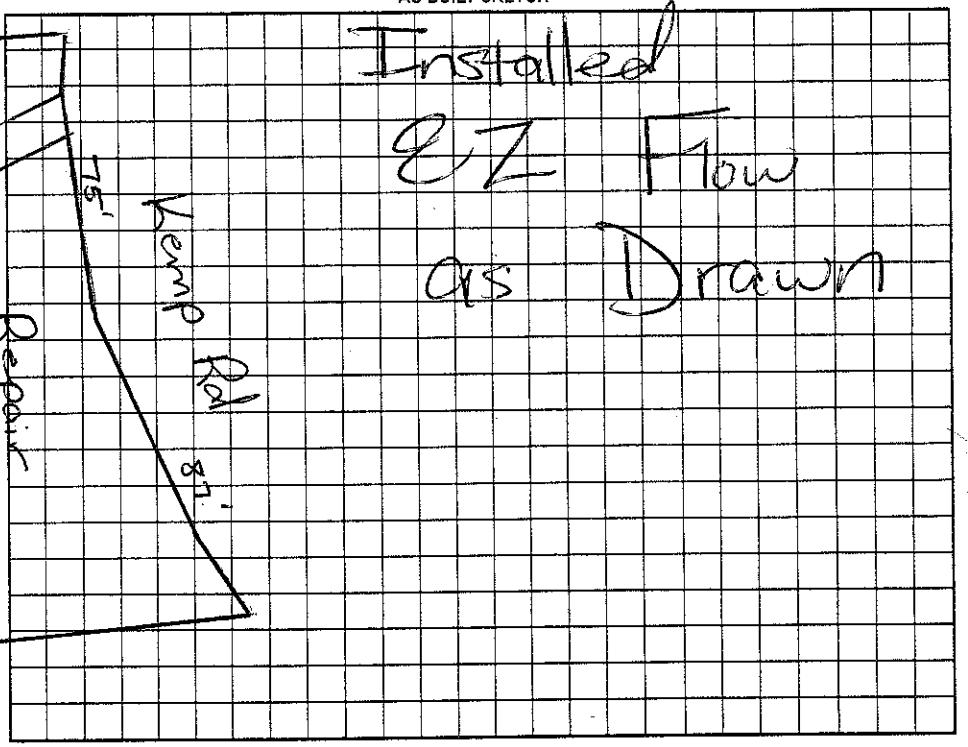
Comments/Conditions: Note: Future Pool (Cut) must be 15' from Drainfield.
Replaces previous permit dated 6/24/04

Scale 1:50

INITIAL SITE SKETCH



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 6-30-05

Improvement Permit by: Maria H. Dolan RS. date 6/28/05

Authorization to Construct by: Maria H. Dolan RS date 6/28/05

Installed by: R&H RS

Operation Permit by: Maria H. Dolan RS date 1/10/06

Existing System Inspection by: ____ date ____

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