$550 11.15

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135405 PIN# 4626820108 DATE 6-8-06

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

ADDRESS 1910 South Blvd Ste. 200 Charlotte NC 28203

LOCATION Brawley School Rd TL Great Point Drive TL Wild Harbor Rd on left SEE Behind #359 on Wild Harbor

SUBDIVISION The Point BLOCK / SECTION 3 LOT 354A,B,C LOT AREA 2.5+ SEE SITE CLASS. PS DESIGN FLOW 1000 gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 444 Date 1-28-07
Pump Tank: 1500 Gallons; PT 447 Date 7-3-07
Pump Make: Myers Model P102 Serial No.
Nitrification Field: No Fields 1 Square Feet 1500' Linear Feet 500'
No Lines *4@125' ea Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pump-PM-25% Reduction
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 5 No. Persons ___ No. Employees ___

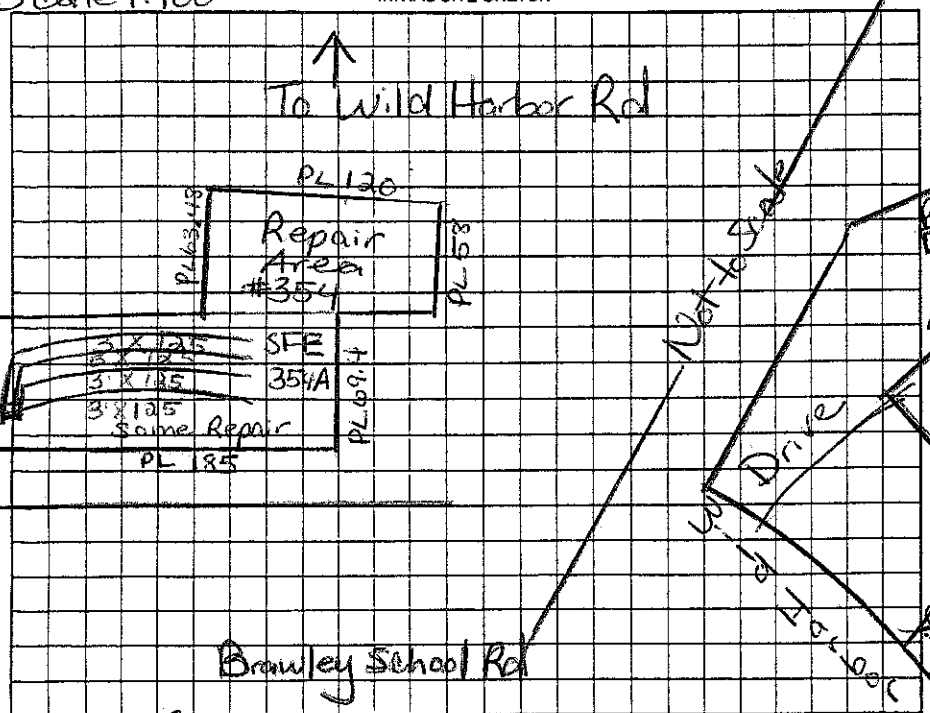
Water Supply: ☐ Individual ☒ Public ☒ Community

Gravel Depth N/A ☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

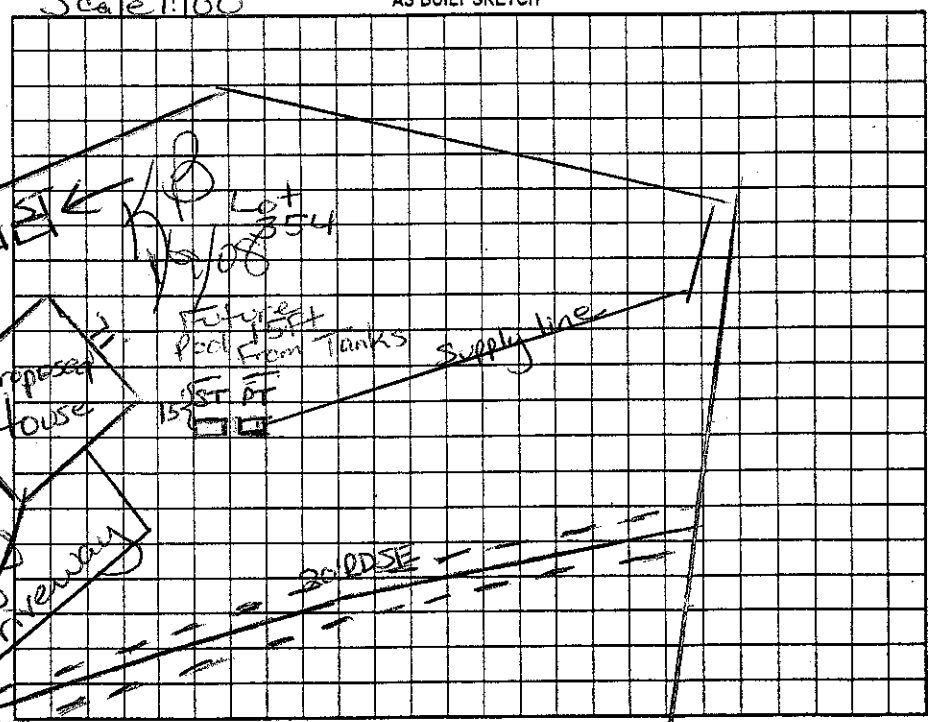
Comments/Conditions: 10/10/07 Installed in 4 lines @ 125 ea. Quick 4
10/10/07 Checked tanks & lines

Comments/Conditions: *Note: Okay to install in 3 lines "Center-feed" to make 6 @ 84' lines

Scale 1:100 INITIAL SITE SKETCH



Scale 1:100 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 7-11-06

Improvement Permit by: Maina H. Dotson RS date 6/8/06

Authorization to Construct by: Maina H. Dotson RS date 6/8/06

Installed by: R. Hall RS

Operation Permit by: Maina H. Dotson RS date 11/9/08

Existing System Inspection by: _____ date _____

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