IREDELL COUNTY HEALTH DEPARTMENT

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

130.00 Paid Upgrade

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

PERMIT# 126548 PIN# 4626923180 DATE 2-3-05

OWNER OR CONTRACTOR Simonini Builders Inc Eric PHONE: Business 358-9940 Home 201-2491

ADDRESS 817 E Morehead

LOCATION Brawley School Rd TL Great Point TL Wild Harbor TL Attleboro TL Seabury

SUBDIVISION The Point BLOCK / SECTION ____ LOT 344 LOT AREA .999 Acre SITE CLASS PS DESIGN FLOW 600gpd L.T.A.R. .3

Septic Tank: 1500 Gallons; STB ____ Date ____

Pump Tank: 1500 Gallons; PT 477 Date 1-14-05 (Install / Exist)

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

☒ New System ☐ Repair 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. Bathrooms 4 No. Employees ____

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

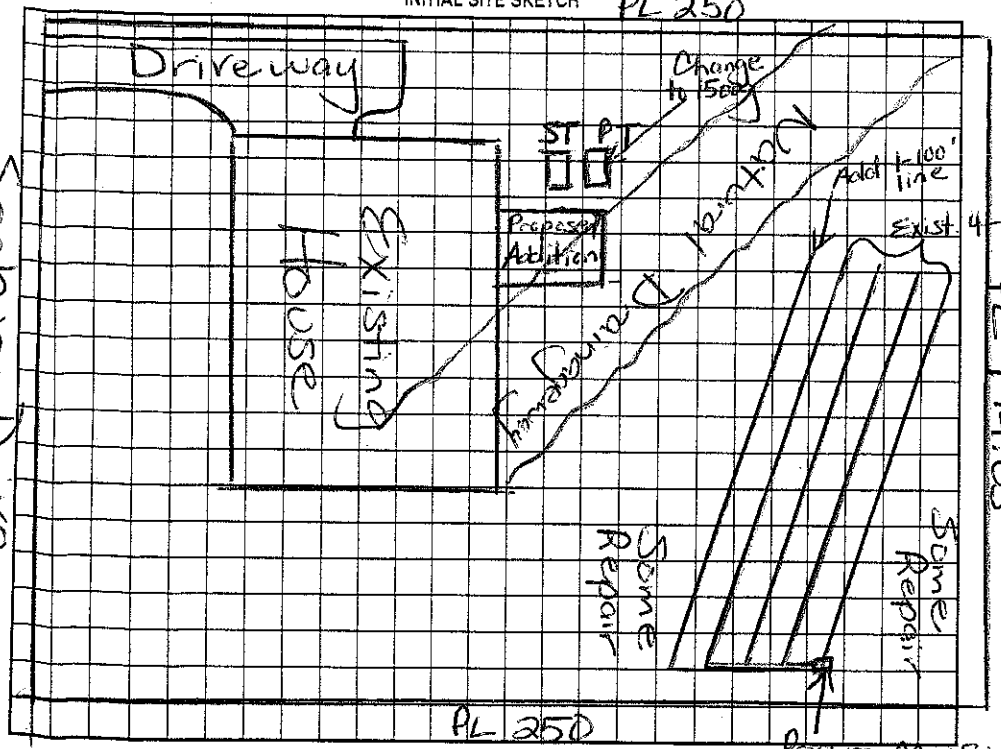
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions: Add 1-100' Drainline & Change PT to 1500 gal to Upgrade to 5 Bedrooms

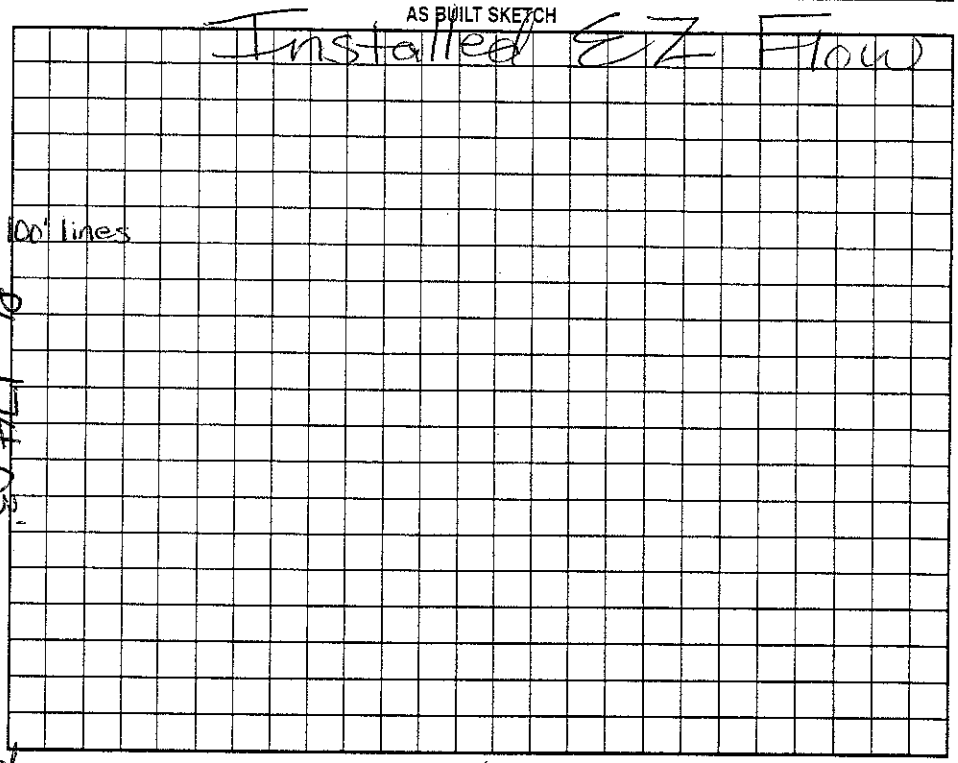
Scale 1"=50'

Comments/Conditions: Original permit attached; Installed 9/30/04 Checked PT & 1 EZ line

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: Eric B ____ date 2/4/05

Improvement Permit by: Maria H. Dotson RS date 2/3/05

Authorization to Construct by: Maria H. Dotson RS date 2/3/05

Installed by: R & F RS

Operation Permit by: Maria H. Dotson date 4/20/05

Existing System Inspection by: ____ date ____

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