IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $375.00 Paid MOORESVILLE 704-664-5281 3.00

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

PERMIT# 108759 PIN# 4628 42 1306 Brian DATE 9-9-2022

OWNER OR CONTRACTOR Simonini Builders PHONE: Business 309-3253 Home 358-9940

ADDRESS 817 E. Morehead St Charlotte, NC 28202 #172

LOCATION Hwy 150 West TR Pinnacle Ln (road next to Restaurants) to end at Cul-de-sac

SUBDIVISION Pinnacle Shores BLOCK / SECTION III LOT 38 LOT AREA .75 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 194 Date 4/28/03
Pump Tank: 1000 Gallons; PT 227 Date 5/1/03
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 270
No Lines 4 Trench Width 24"-36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pressure - Panel Blk
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

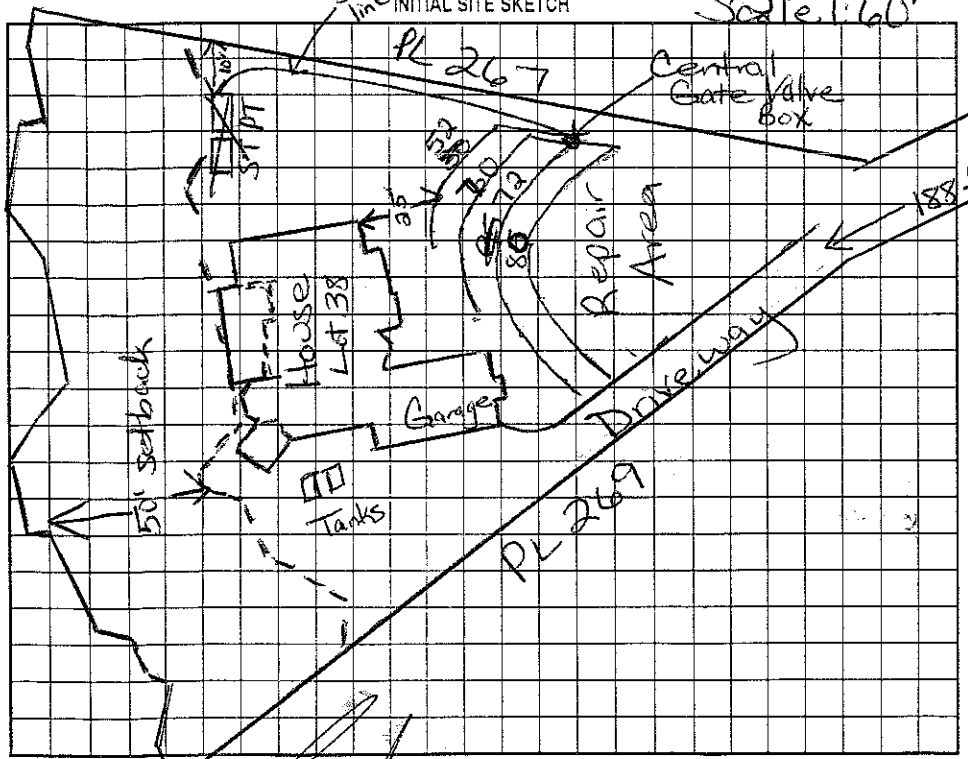
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4.5 No. Employees ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

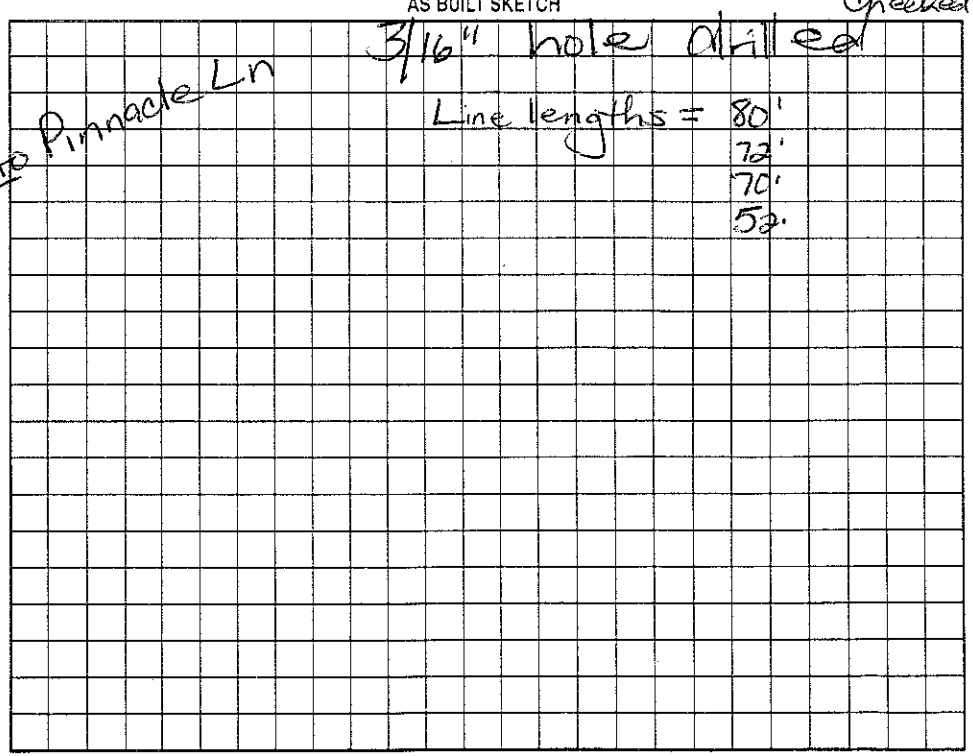
Comments/Conditions: Keep Septic System at least 10' from PL & 50' from lake
Install filter on Pumptank too.
Reviewed Building plans 9/6/02

Comments/Conditions: Note to Installer — If you are able to fit 3 lines at 90' each that would be preferred.
Use 60-63 Panels Pressure elect & alarm
Checked 8/5/03

INITIAL SITE SKETCH Scale 1:60'



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 10/3/02 Installed by: R&H

Improvement Permit by: Maria H. Dolson date 9/10/02 Operation Permit by: Maria H. Dolson RS date 8/5/03

Authorization to Construct by: Maria H. Dolson date 9/10/02 Existing System Inspection by: ____ date ____

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