IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071572 PIN# 4638 12 5967 DATE 11/24/98

OWNER OR CONTRACTOR Frank De Simone PHONE: Business Home 608-9070

ADDRESS 811 Rothmoor Rd, Concord, NC. 28025

LOCATION Hwy 150 West, TR Robinson Rd. property on (R)

SUBDIVISION Robinson Woods BLOCK / SECTION II LOT 30 LOT AREA .71 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3/21/99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200± Linear Feet 400±
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth STAND.

[X] New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity - CH Plastics
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes [X] No

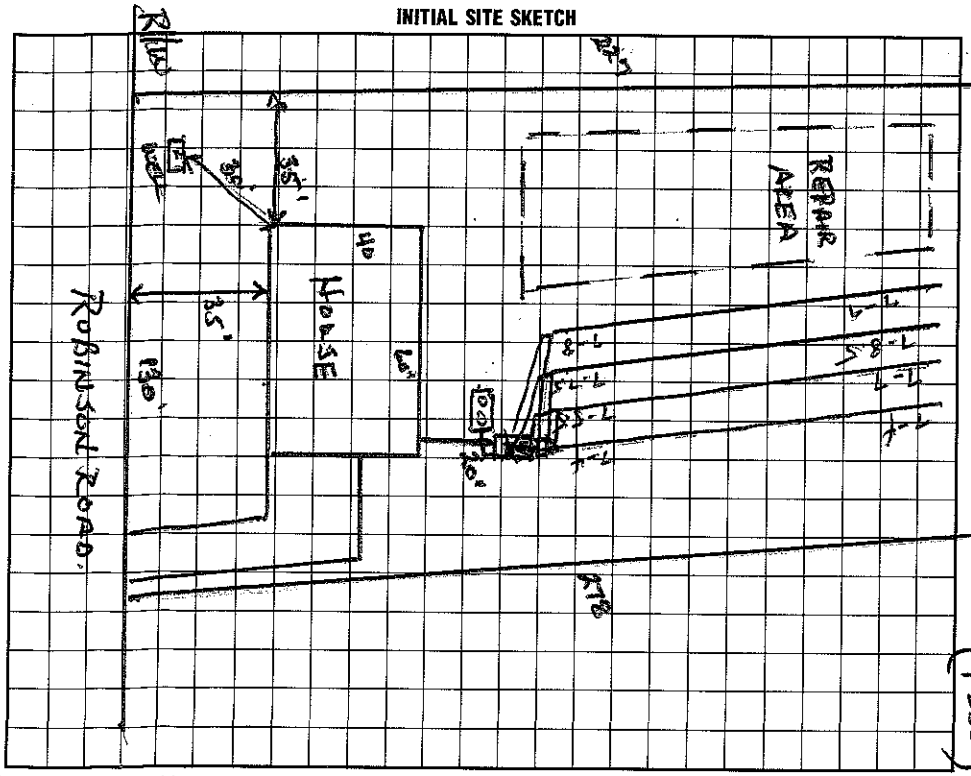
[X] House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab [X] Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: [X] Individual ☐ Public ☐ Community

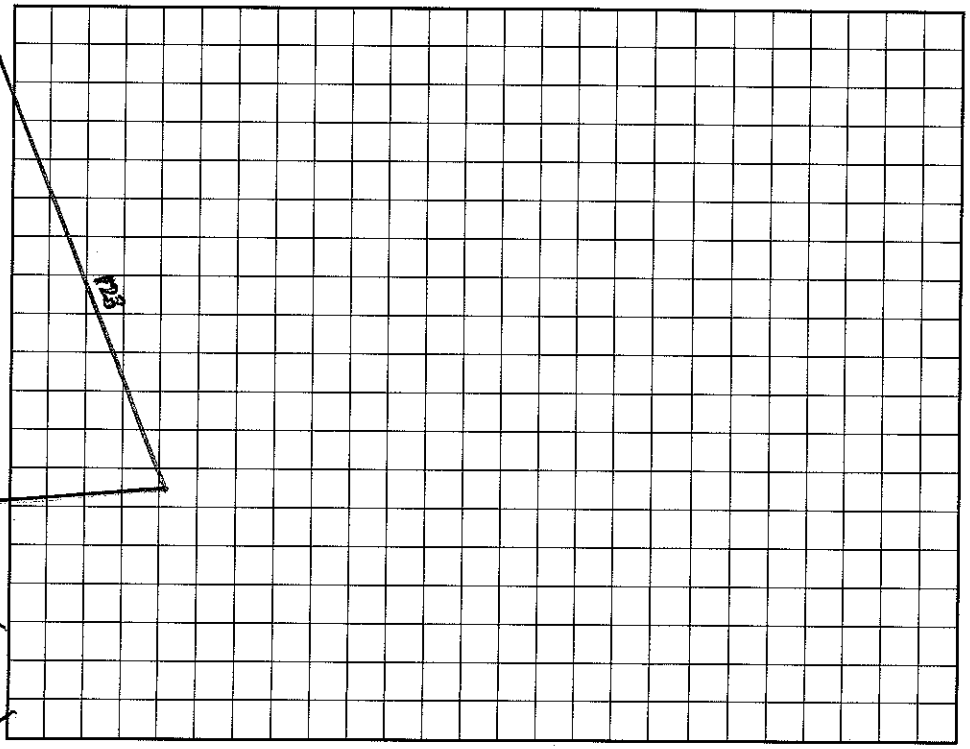
Comments:/Conditions: 25% reduction for Ch. Plastic use

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: K Thomas Brooks Jr date 11-30-98

Improvement Permit by: Wesley Sparks RS. date 11/24/98

Authorization to Construct by: Wesley Sparks RS date 11/24/98

Installed by: FJ Ervin

Operation Permit by: Wesley Sparks RS date 5/18/99

Existing System Inspection by: ____ date ____

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