IREDELL COUNTY HEALTH DEPARTMENT

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

2:00

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

PERMIT# 109534/12/05 PIN# ~~4624-27-5705.1150~~ 4624-59-3475 DATE

OWNER OR CONTRACTOR Life-Style Custom Homes PHONE: Business 704-795-1733 Home

ADDRESS 65 McCurdy St. Concord, NC 28027

LOCATION BSR, TL Torrence Chapel, TL Shell Burne, TL Cape Cod TL Quincy, 1st on Lt

SUBDIVISION Point BLOCK / SECTION 11 LOT 11&12 LOT AREA 1.078 AC SITE CLASS PS DESIGN FLOW 600 L.T.A.R. 0.3

Septic Tank: 1500 Gallons; STB 338 Date 9-20-05
Pump Tank: 1500 Gallons; PT 477 Date 9-12-05
Pump Make: Goulds Model WE05J2HH Serial No H052606
Nitrification Field: No Fields 1 Square Feet 990 Linear Feet 330
No Lines 3@110' Trench Width 24"-36" Max Trench Bottom Depth 36" Gravel Depth —

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

☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

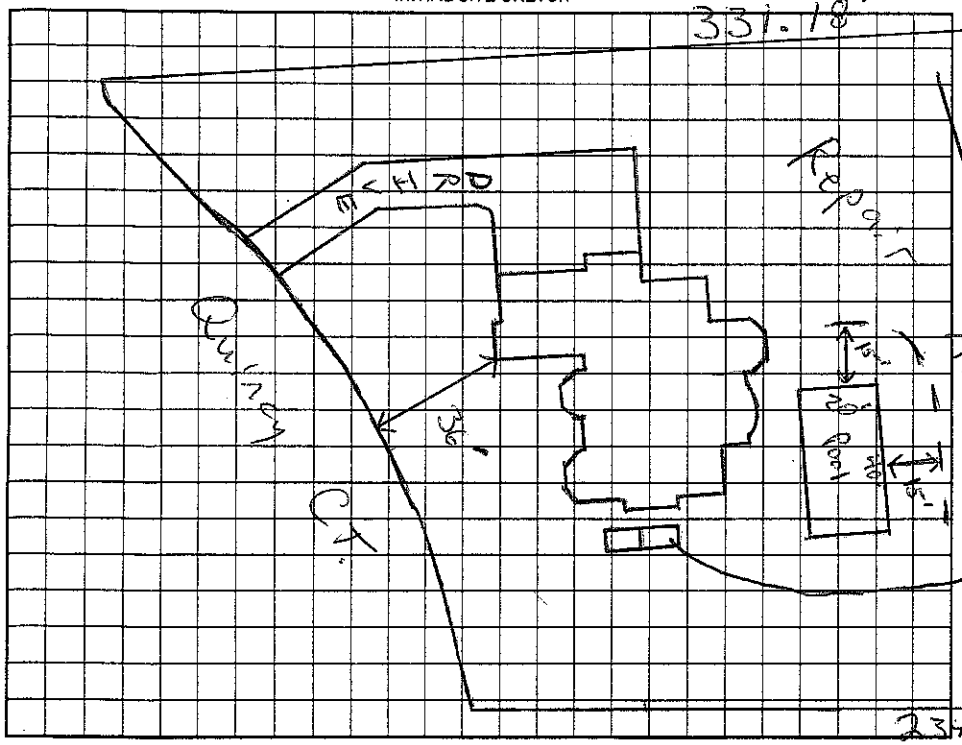
Comments:/Conditions:

1" = 50'

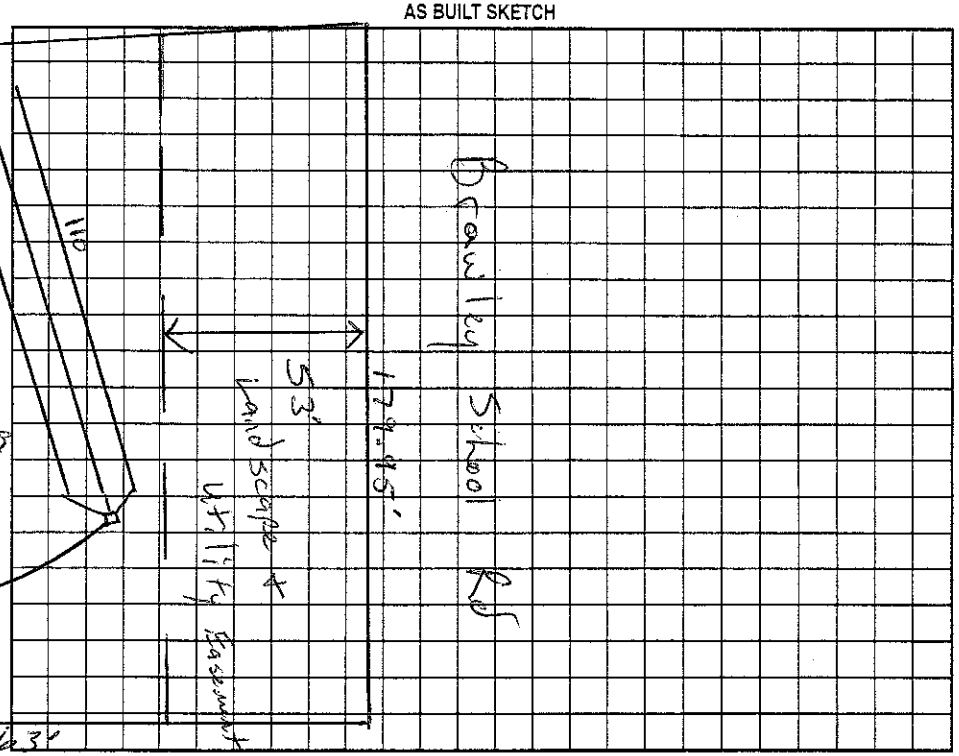
Comments/Conditions:

10/26/05 checked lines, tanks & pressure

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 2/22/05 Installed by: Hallman Construction

Improvement Permit by: _____ RS date 2/21/05 Operation Permit by: _____ RS date 11/18/05

Authorization to Construct by: _____ RS date 2/21/05 Existing System Inspection by: _____ date _____

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