150.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118032 PIN# 4624 97 4748 DATE 8/22/06

OWNER OR APPLICANT Brad + Leslie Baker PHONE: Business _____ Home _____

ADDRESS 105 Stingray ct. Mooresville NC 28117

LOCATION BSR, TL Yacht Rd, TL Stingray Ct. on Lt.

CL#T SUBDIVISION MeckNeck BLOCK / SECTION 6 LOT 13 LOT AREA 0.73 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.325

Septic Tank: 1000 Gallons; STB 1000 Date 11-27-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1110 Linear Feet 370
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

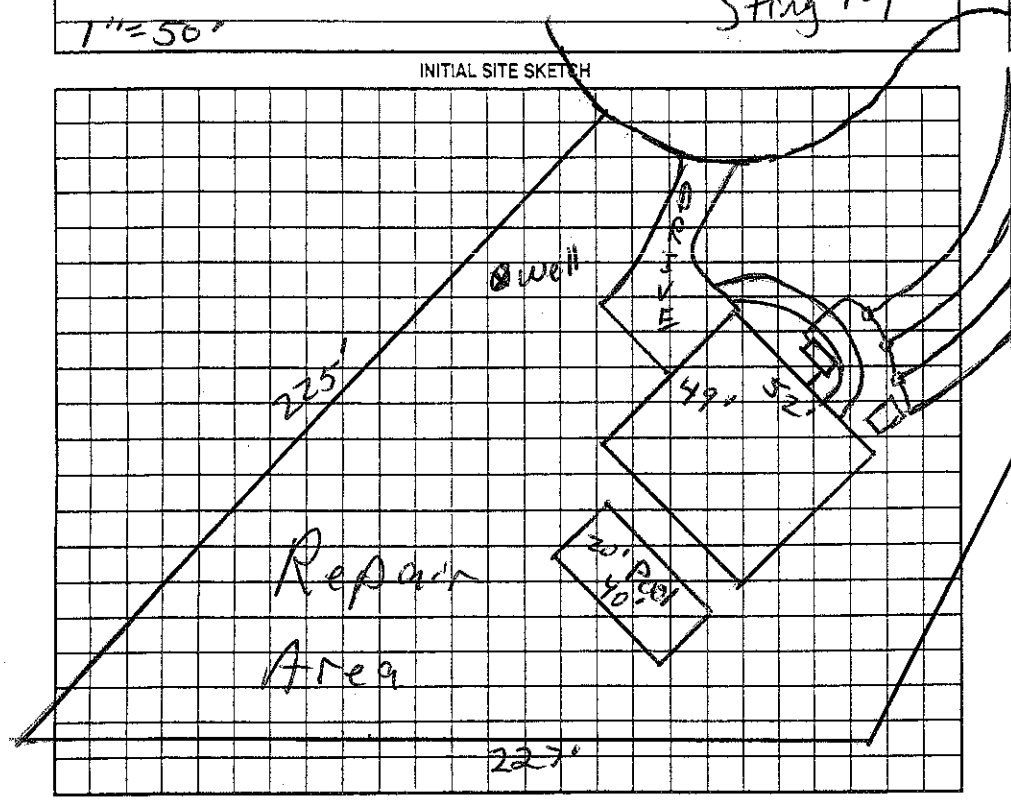
Gravel Depth — ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

1"=50'

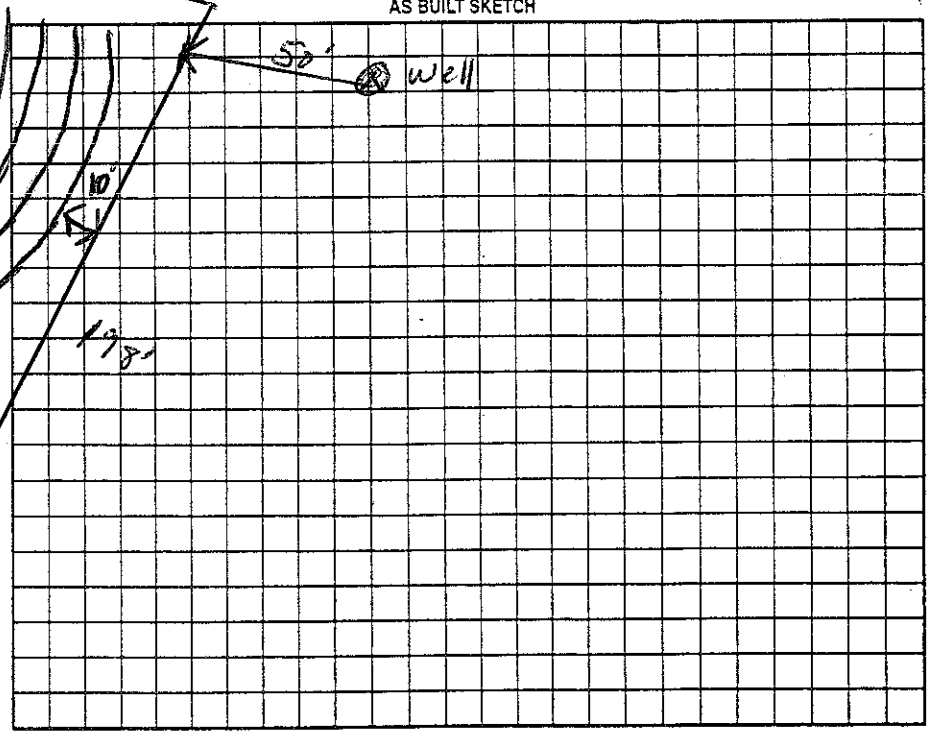
String Ray Ct.

INITIAL SITE SKETCH



Comments:/Conditions: 3/6/07 Installed Quick 4 Drainfield 70' from Drainline to Neighbor's Well

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: Leslie Baker date 8/24/06

Improvement Permit by: RS date 8/22/06

Authorization to Construct by: RS date 8/22/06

Installed by: A&S Grading date _____

Operation Permit by: Mark Peacock RS date 3/6/07

Existing System Inspection by: _____ date _____

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