IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 065649 PIN# 4625 94 1684 Ptof. 4625 29 0702 DATE 8/12/98

OWNER OR CONTRACTOR Amy Mauriello PHONE: Business _____ Home 633-7294

ADDRESS 1033 Connected Place Salisbury, NC. 28146

LOCATION 1100 TR. Bay Harbour, TR-Shipyard Pointe TL Cedar Bluff Lane, to 4th lot on (R)

SUBDIVISION HARBOUR BLOCK / SECTION 6 LOT 32 LOT AREA .67Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2/12/99
Pump Tank: 1000 Gallons; PT 39 Date 5/24/99
Pump Make: MYERS Model ME50S-11 Serial No. 58294
Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 420*
No Lines 6 at 70' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI
System Description: Pump to Chambered Plastic
Repair System Description: Same
Maintenance Agreement Required: [X] Yes [ ] No

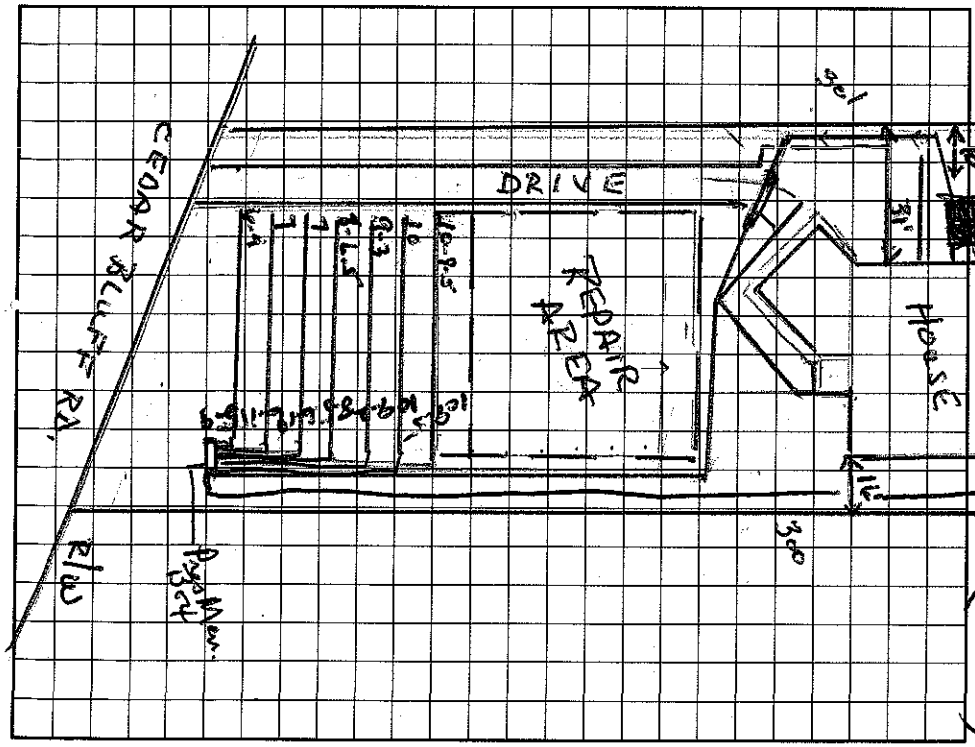
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [ ] Public [X] Community

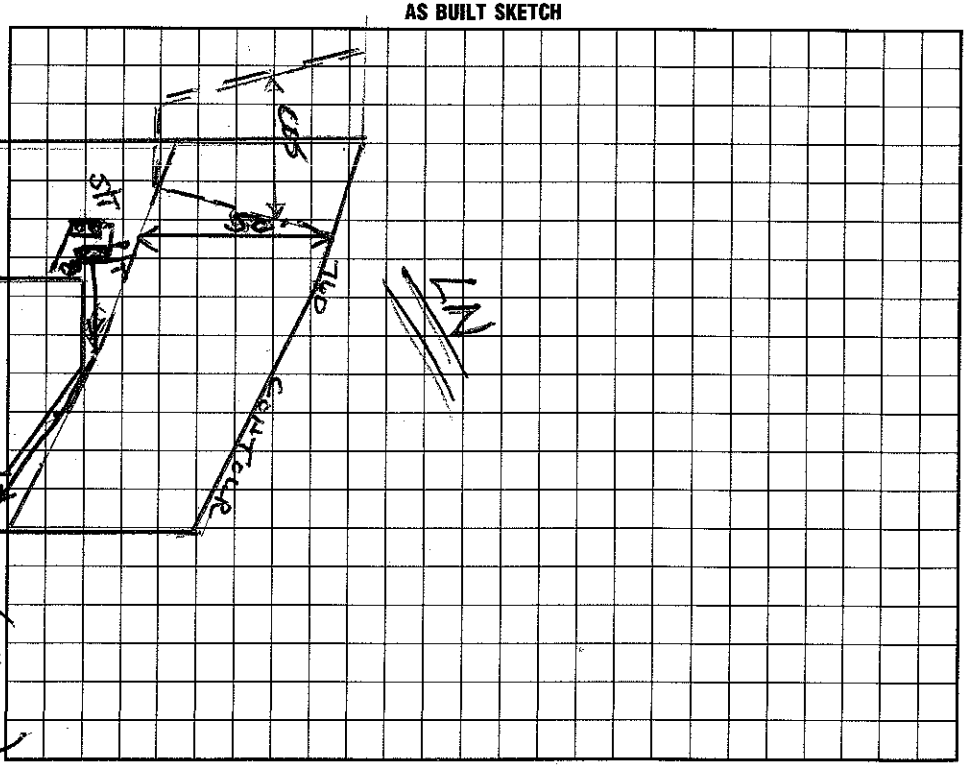
Comments:/Conditions: * 25% Reduction for Chambered Plastic & H.D.S. use * Inspection Ports required at end of each drain line * Fencing Material required under driveway for Pressure Line to pass through

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: * Copy mailed 8/14/98 AWS. date ____

Improvement Permit by: Wesley Sparks RS. date 8/13/98

Authorization to Construct by: Wesley Sparks RS date 8/13/98

Installed by: Tim Simmons

Operation Permit by: Wesley Sparks RS date 8/5/99

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