IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118595 PIN# 4626 38 4001.313 4626-28-2267 DATE 8/22/05

OWNER OR CONTRACTOR Whitley & Co. PHONE: Business 704-567-1700 Home 704-663-5171

ADDRESS PO Box 475 Harrisburg, NC. 28075

LOCATION 156 Bay Leaf Creek Cir. 1100 TR McKendree TL Bay Leaf Creek on (R)

SUBDIVISION FARMS BLOCK / SECTION 3 LOT 313 LOT AREA ~1.29 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: ~~500~~ 1000 Gallons; STB 338 Date 12/23/05
Pump Tank: 1000 Gallons; PT 27 Date 10/18/05
Pump Make: Goulds Model WE07244 Serial No.
Nitrification Field: No Fields 1 Square Feet 660 Linear Feet 330
No Lines 3@110 Trench Width 2-3' Max Trench Bottom Depth 3' Gravel Depth No

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pres-Dosed 16" PPBAS
Repair System Description: Same - Front Yard
Maintenance Agreement Required: X Yes ☐ No

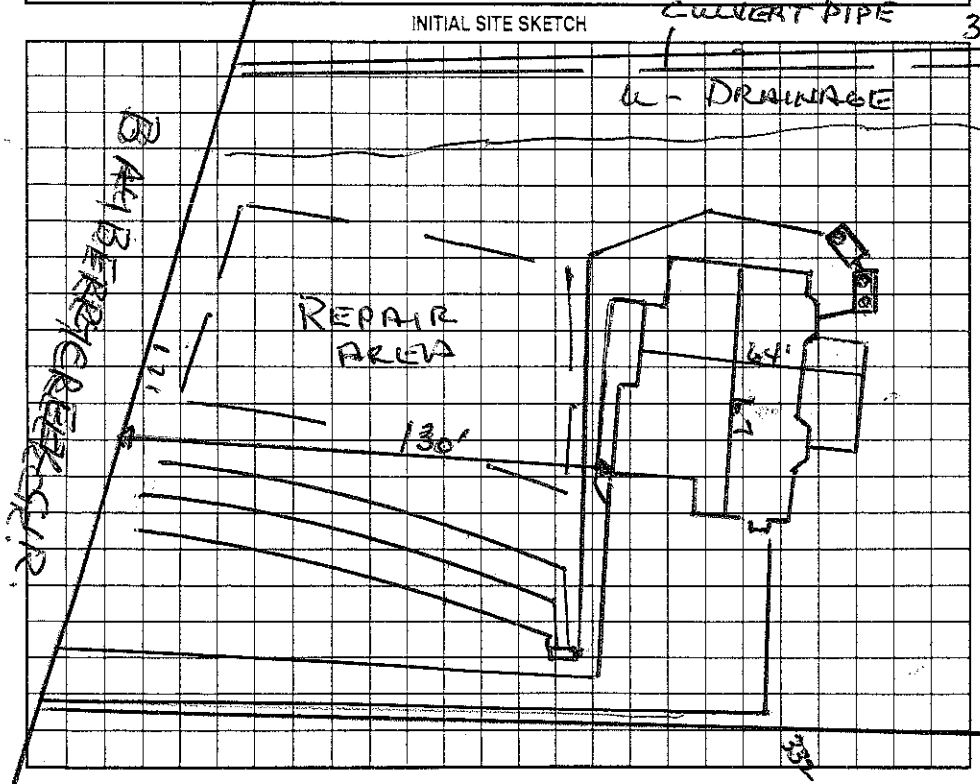
X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
X Community
FARMS

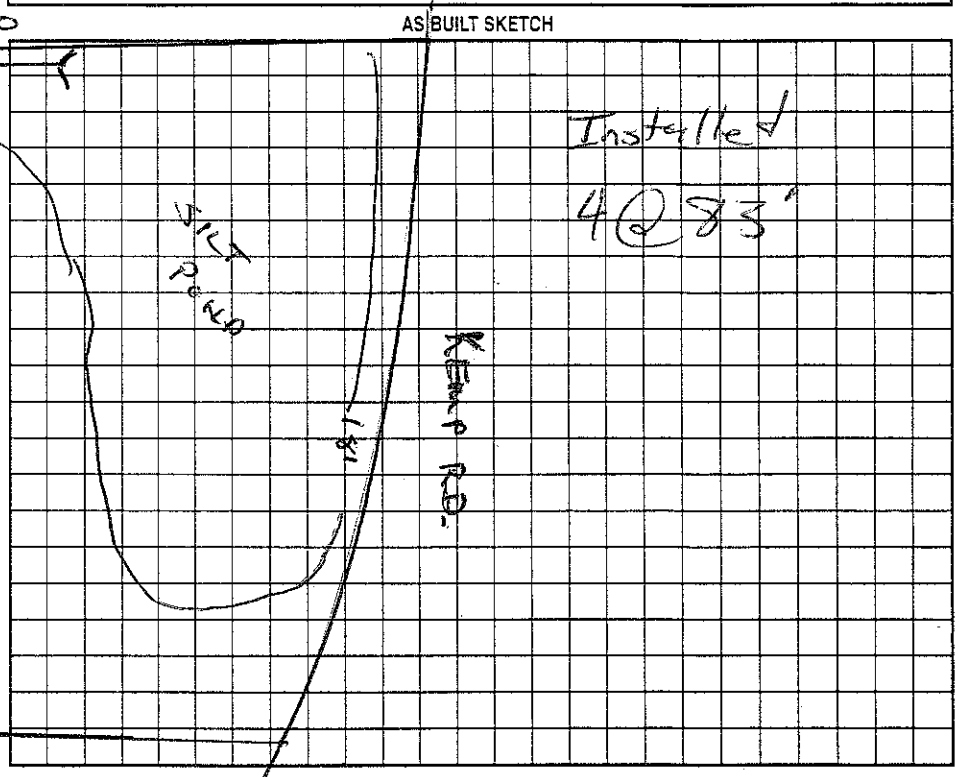
Comments:/Conditions:

Comments:/Conditions:
76 Panels

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: X [signature] date 8/25/05 Installed by: Hallman Const

Improvement Permit by: Wesley Sparks RS. date 8/23/05 Operation Permit by: Wesley Sparks RS date 4/3/06

Authorization to Construct by: Wesley Sparks R.S. (DA) date 8-23-05 Existing System Inspection by: date

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