IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 065647 PIN# 4625 94 1684 Pt 4626 30 3089 DATE 4/12/01

OWNER OR CONTRACTOR Steve Bailey PHONE: Business 800-982-1708 Home

ADDRESS 1375 LR Blvd. Hickory, NC. 28603

LOCATION 1100 TR Bay Harbour TR Shipyard Pt. TR Cades Cove 2ND on (R) 114 Cades Cove RD

SUBDIVISION HARBOUR BLOCK / SECTION 6 LOT 6 LOT AREA .5Ac. SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 97 Date

Pump Tank: 1000 Gallons; PT 71 Date

Pump Make: HARSCRIPTIC Model SHEF 40M1 Serial No. 1-01

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100 Trench Width 3' Max Trench Bottom Depth 3 Gravel Depth No

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Type 3 - Pump - 25% Red

Repair System Description: APBPS - Yard

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees

[ ] Other

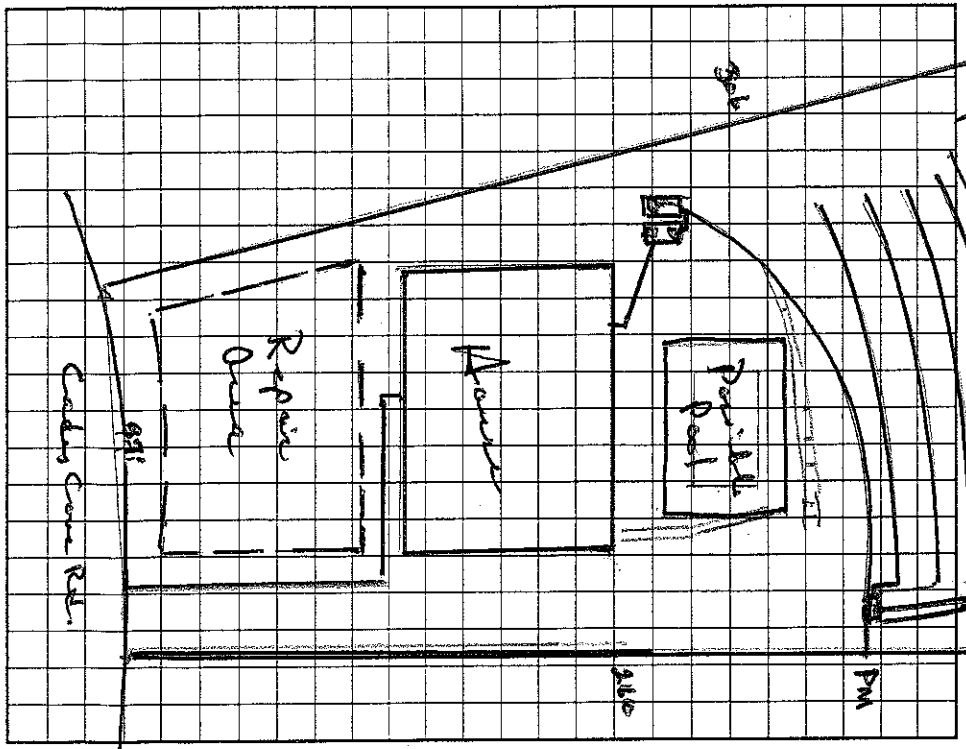
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

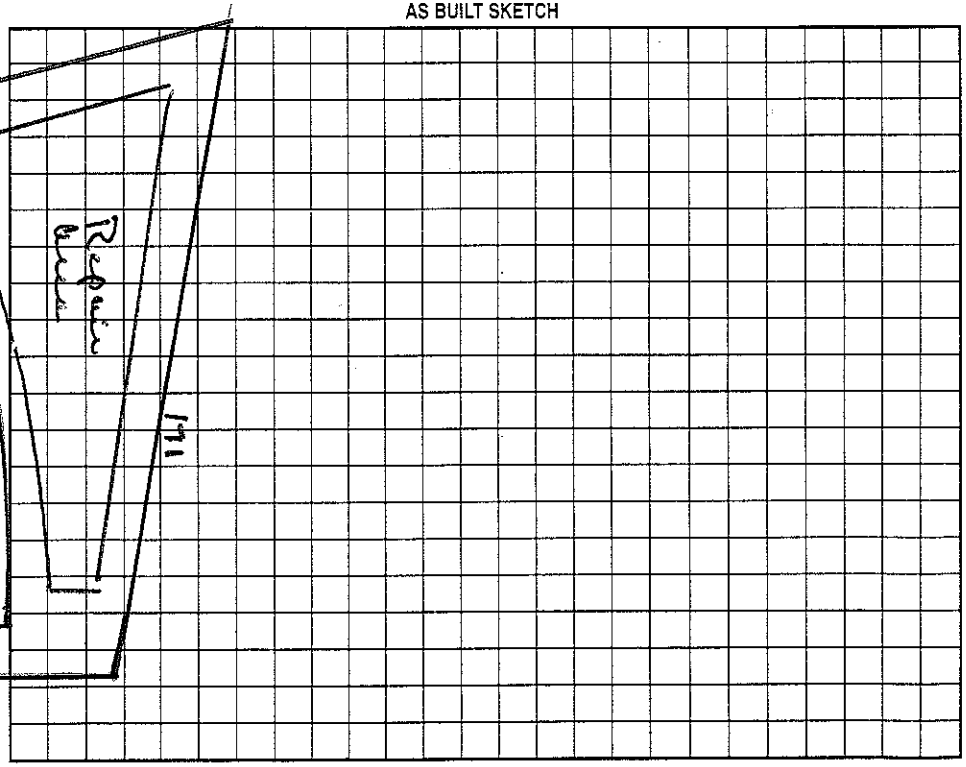
Comments:/Conditions:

Comments:/Conditions: EZ FLOW INSTALLED.

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 _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: WT Norwood.

Operation Permit by: Wesley Sparks RS. date 10/24/01

Existing System Inspection by: _____ date _____

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