2130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113405 PIN# ~~4627885494~~ 4627-76-7928 DATE 5-14-04

OWNER OR CONTRACTOR L. Shaun Ogden Construction PHONE: Business 309-6810 Home

ADDRESS P.O. Box 1281 Davidson NC 28036

LOCATION Hwy 150 W TL Paradise Peninsula TL Greenbay on left past Hogan Ln.

SUBDIVISION Greenbay Forest BLOCK / SECTION LOT 19 LOT AREA 1.11 acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12/20/04
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: LPP 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2.5 No. Employees
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

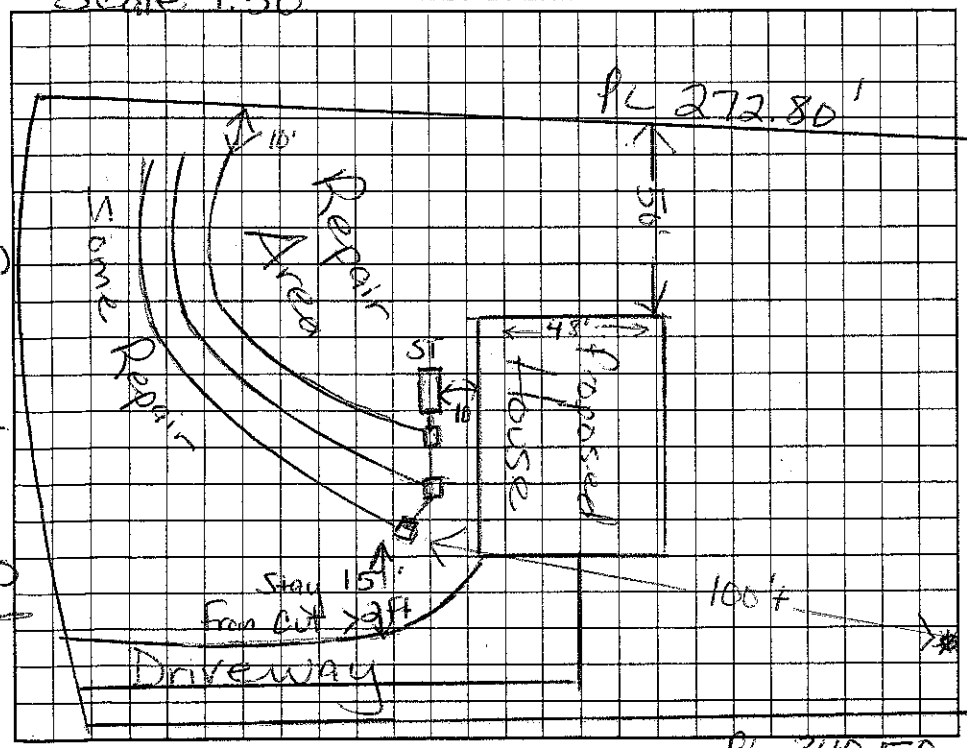
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' to PL. Keep Drainfield at least 15' from Cut > 2 Feet.

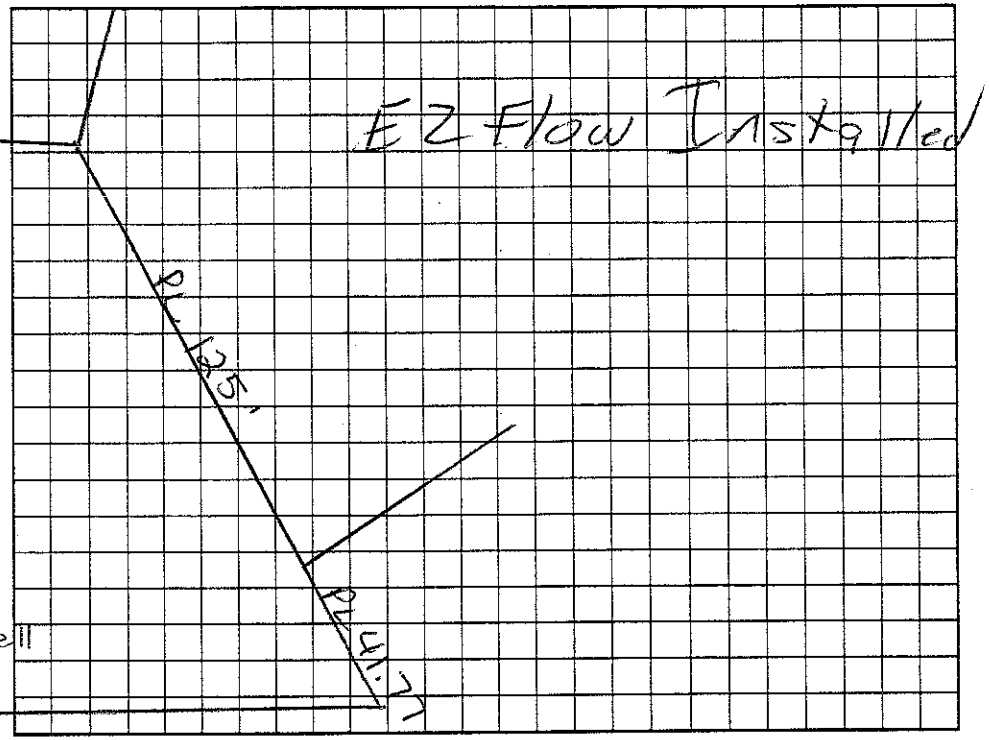
Comments:/Conditions:

Scale 1:50

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: L. Ogden date 5/25/04 Installed by: Abernathy

Improvement Permit by: [signature] RS date 5/14/04 Operation Permit by: [signature] RS date 1/25/05

Authorization to Construct by: [signature] RS date 5/14/04 Existing System Inspection by: date

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