IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113435 PIN# 4627-88-5496.021 4627-77-9152 DATE October 27, 2003

OWNER OR CONTRACTOR Greenbay Trail LLC / Ray Short PHONE: Business _____ Home _____

ADDRESS P.O. Box 3608, Mooresville, N.C. 28117

LOCATION 152 West TL Paradise Peninsula TL Greenbay on left past Hogan Lane

SUBDIVISION Greenbay Forest BLOCK / SECTION _____ LOT 21 LOT AREA 0.93 Ac 4.87 Ac SFE SITE CLASS PS SFE DESIGN FLOW 480 gpd L.T.A.R. 3 Septic Tolerant 21A

Septic Tank: 1000 Gallons; STB 1000 Date 9/17/04

Pump Tank: 1600 Gallons; PT 27 Date 9/19/04

Pump Make: Goulds Model WE0721 Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: PM - 25% Reduction on SFE 21A

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

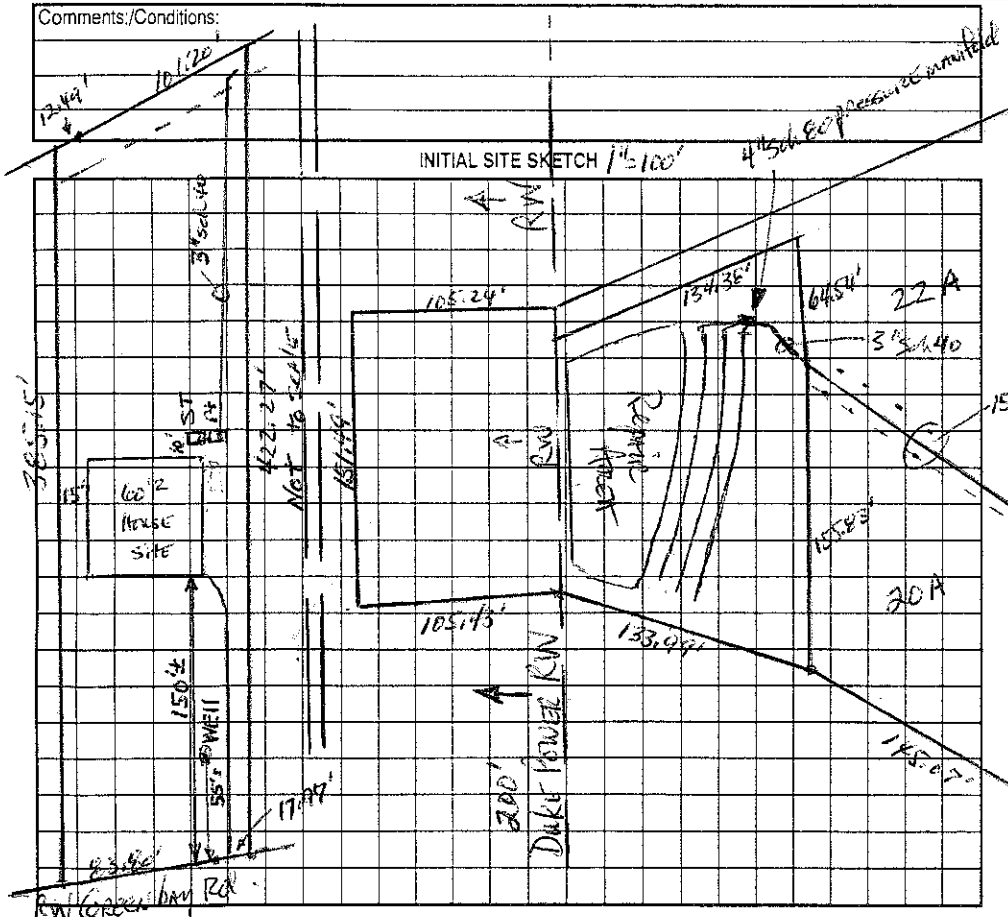
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

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INITIAL SITE SKETCH 1" = 100'



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 10-30-03 Installed by: Howard's Backhoe

Improvement Permit by: _____ date 10-27-03 Operation Permit by: _____ date 11/19/04

Authorization to Construct by: _____ date 11/22/04 Existing System Inspection by: _____ date _____

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