205611

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # ~~201292~~

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

PIN # 4627788098

APPLICANT: WILLIAM | APPLICANT ADDRESS: COLUMBUS Homes

SITE ADDRESS: OLDENSBAY | PHONE: | ALT. PHONE: 919 453 0457

SITE DIRECTIONS: 150 W - TL PARADISE PENINSULA - TL OLDENSBAY - ON LT

SUBDIVISION: OLDENSBAY FOREST | SECTION: | LOT # 12 | LOT AREA: 1.66 AC | DESIGN FLOW: 480GPD | L.T.A.R.: .25

Septic Tank 1000 (gal) STB 794 Date 5-5-14
Pump Tank 1000 (gal) PT 283 Date 4-22-14
Pump Make | Model | Serial #
Nitrification Fields 1 # Lines 3 CENTER FED Linear Ft: 320
Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LPP BPS
Repair System Description: LPP BPS
Maintenance Agreement Required: ☑ YES ☐ NO ☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

SEE KATHLEEN SAUNDERS LSS PLAN

AS BUILT SKETCH

CHECKED LINES & TANKS BA

SEE NEW LAYOUT FROM KATHLEEN SAUNDERS

SET PH

CHECKED ELEC. BA

APPROVED DEC 02 2014

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 1/24/14 Installed by: F J ERWIN

IMPROVEMENT PERMIT by: C. BA Date: 1/24/14 OPERATION PERMIT by: BA Date: APPROVED DEC 02 2014

AUTHORIZATION TO CONSTRUCT by: C BA Date: 1/24/14 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK