IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-663-0281

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

130

PERMIT# 113438 PIN# 4627-88-5496.022 4627-87-0187 DATE October 27, 2003

OWNER OR CONTRACTOR Greenbay Forest LLC / ED INWARDS CONST. PHONE: Business _____ Home _____

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

LOCATION 150 West TL Paradise Peninsula TL Greenbay on left past Hogan Lane

SUBDIVISION Greenbay Forest BLOCK / SECTION _____ LOT 22 LOT AREA 1.73Ac+ .59Ac SFE SITE CLASS IS SFE DESIGN FLOW 480gpd L.T.A.R. .025 SFE 22.4

Septic Tank: 1000 Gallons; STB 744 Date 6/28/04
Pump Tank: 1000. Gallons; DT 8743 Date 6/2/04
Pump Make: Zoeller Model E191-A Serial No.
Nitrification Field: No. Fields 1 Square Feet 1440 Linear Feet 480
No Lines 6 ea 60' 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
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other

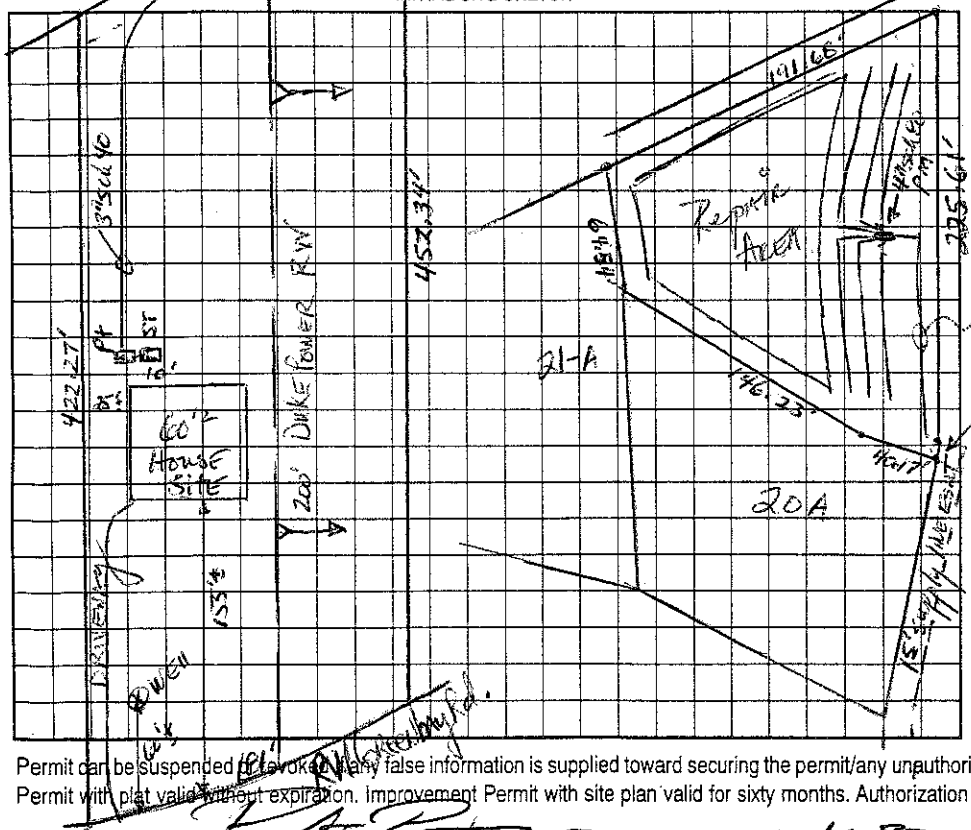
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 15" SYMM LINE REM

Comments:/Conditions: Site plans & building plans reviewed by W.S & MD

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 10-30-03 Installed by: Marty Tucker

Improvement Permit by: _____ date 10-27-03 Operation Permit by: _____ RS date 11/23/04

Authorization to Construct by: _____ RS. date 4/13/04 Existing System Inspection by: _____ date _____

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-5281

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

130

PERMIT# 113436 PIN# 4627-88-5496.022 4627-87-0187

OWNER OR CONTRACTOR Greenbay Forest LLC / EDWARDS CONST. PHONE: Business _____ Home _____ DATE October 27, 2003

ADDRESS P.O. Box 3602, Mooresville, N.C. 28117

LOCATION 150 West TL Paradise Peninsula TL Greenbay on left past Hogan Lane

SUBDIVISION Greenbay Forest BLOCK / SECTION _____ LOT 22 LOT AREA 1.73Ac+ .59Ac SFE SITE CLASS. FS SFE DESIGN FLOW 480gpd L.T.A.R. .25 SFE 224

Septic Tank: 1000 Gallons; STB 794 Date 6/28/04

Pump Tank: 1000 Gallons; PT 8793 Date 6/2/04

Pump Make: Zoeller Model E191-A Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1440 Linear Feet 480

No Lines 6 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

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

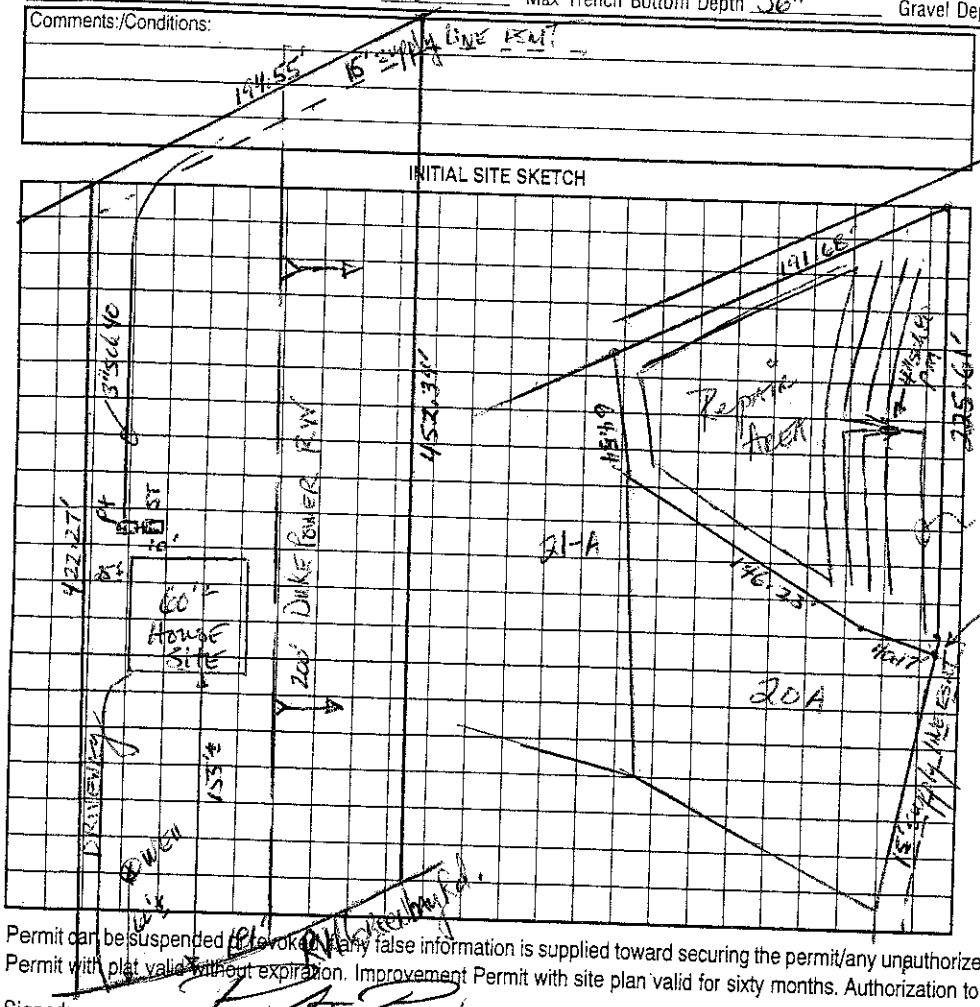
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Site plan & building plans reviewed by W.S & MD

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 11-30-04 Installed by: Marty Tucker

Improvement Permit by: _____ date 10-27-03 Operation Permit by: _____ RS date 11/23/04

Authorization to Construct by: _____ RS. date 4/13/04 Existing System Inspection by: _____ date _____

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