IREDELL COUNTY HEALTH DEPARTMENT

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

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

130

PERMIT# 113478 PIN# ~~4629-86-5446-025~~ 4629875644 DATE October 13, 03

OWNER OR CONTRACTOR Greenbay Court LLC / Anaheim Homes PHONE: Business _____ Home _____

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

LOCATION 150' West TL Paradise Peninsula TL Greenbay on left

SUBDIVISION Greenbay Forest BLOCK / SECTION _____ LOT 25 LOT AREA 1.06 Ac SITE CLASS. RS DESIGN FLOW 480 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 12/11/04

Pump Tank: 1000 Gallons; PT 27 Date 12/6/04

Pump Make: Liberty Model _____ Serial No. _____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: PM - 25% Reduction

Repair System Description: LPP BPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

Water Supply: ~~☐ Individual~~ ☐ Public ☐ Community

Gravel Depth NA ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

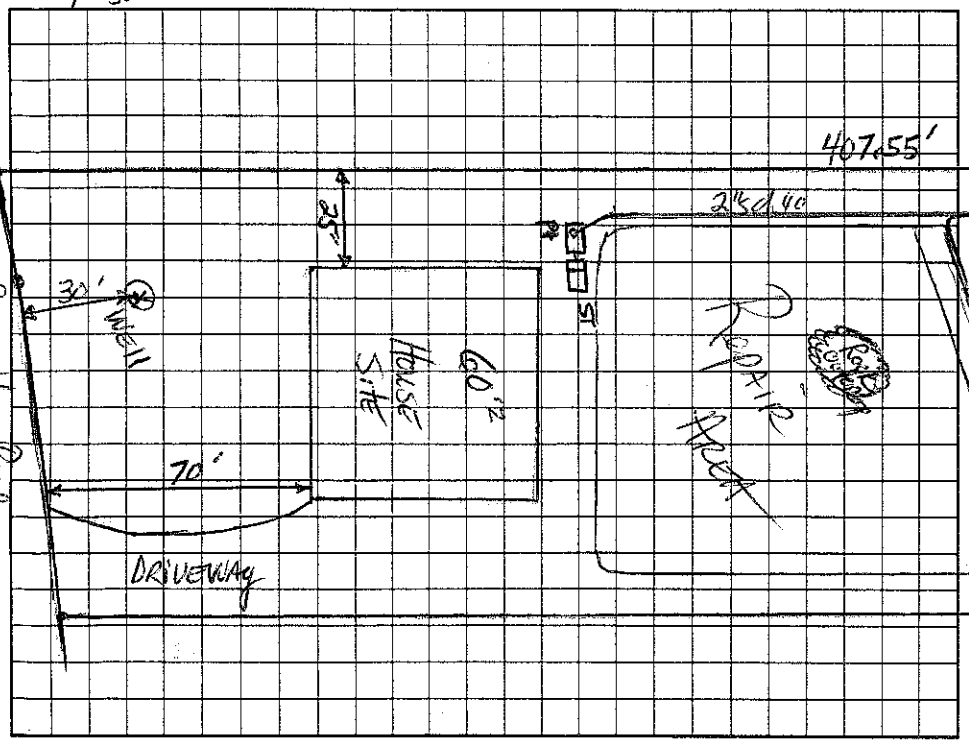
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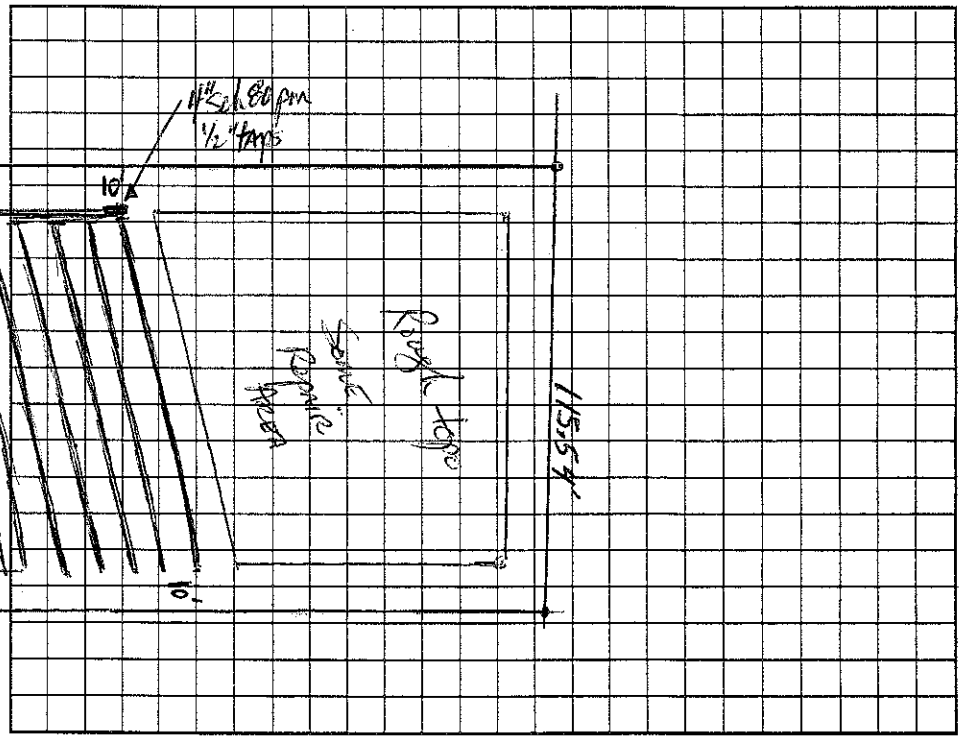
Infiltrator Install 6@80"

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: _____ date 10-30-03 Installed by: Jackson Excavating

Improvement Permit by: _____ date 10-13-03 Operation Permit by: _____ RS date 3/26/05

Authorization to Construct by: _____ RS date 2/19/04 Existing System Inspection by: _____ date _____

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