IREDELL COUNTY HEALTH DEPARTMENT

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

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

170 3:04

PERMIT# 113519 PIN# ~~4627-88-3796.034~~ 4627966529 DATE October 20, 2003

OWNER OR CONTRACTOR Greenbay Forest LLC / Ray Short 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 34 LOT AREA .070 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 194 Date 11/16/05

Pump Tank: 1000 Gallons; PT 253 Date 1/23/05

Pump Make: Gould's Model WG05111H Serial No. _____

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

No Lines 5@80 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: LP/PM 25% Reduction

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

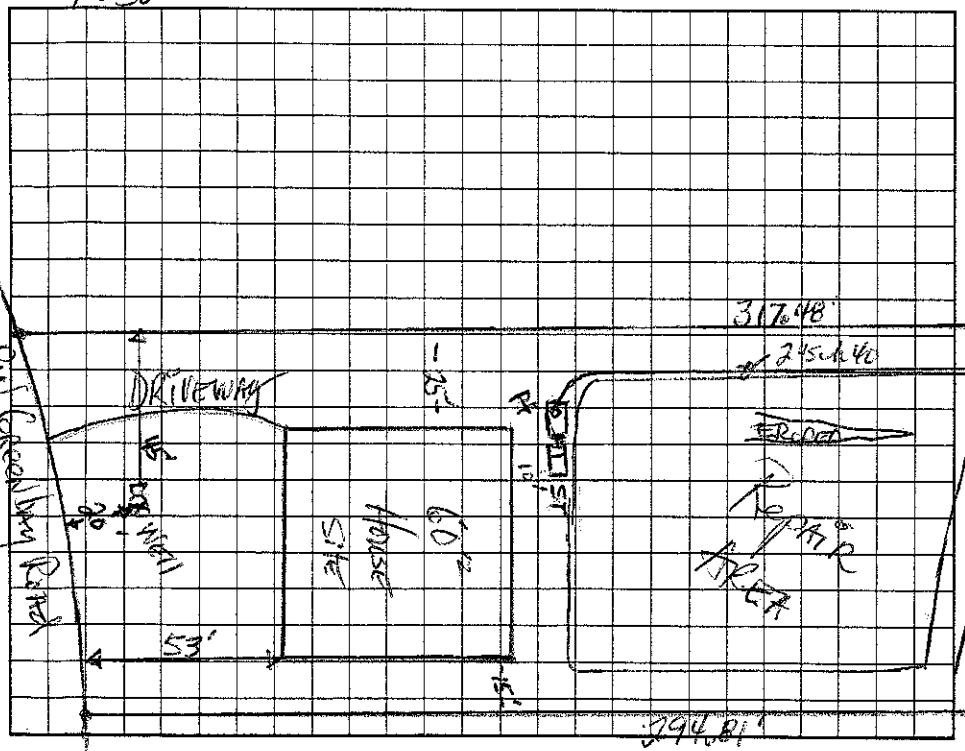
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

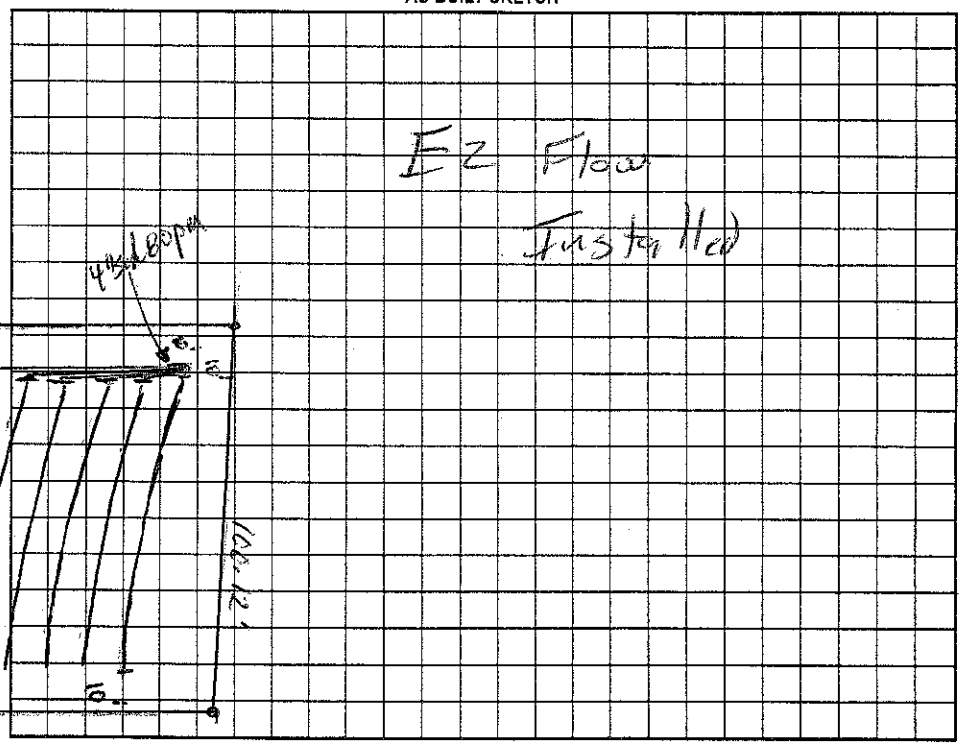
Comments:/Conditions:

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: Howard's Backhoe

Improvement Permit by: _____, RS date 10-20-03 Operation Permit by: _____, RS date 3/30/05

Authorization to Construct by: _____, RS date 6/9/04 Existing System Inspection by: _____ date _____

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