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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113515 PIN# ~~4627-88-5496.034~~ 4627-96-6992 DATE October 20, 2003

OWNER OR CONTRACTOR Greenbay Forest LLC / Cinnabar 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 31 LOT AREA 1.01 Ac SITE CLASS. PS DESIGN FLOW 460gpd L.T.A.R. .025

Septic Tank: 1000 Gallons; STB 794 Date 8/20/04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ 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" Gravel Depth NA

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

System Description: Gravity 25% Reduction

Repair System Description: LPP BPS

Maintenance Agreement Required: ☐ Yes ☑ No initially

~~☐~~ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ___

☐ Other _____

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

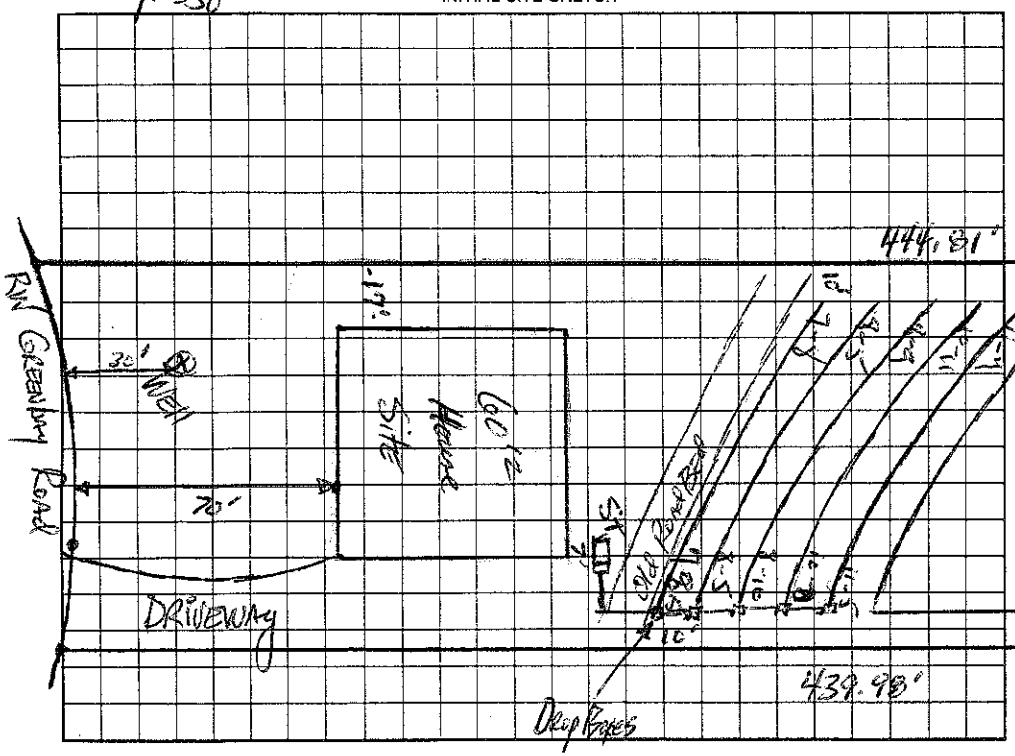
Water Supply: ~~☐~~ Individual ☐ Public ☐ Community

Comments:/Conditions:

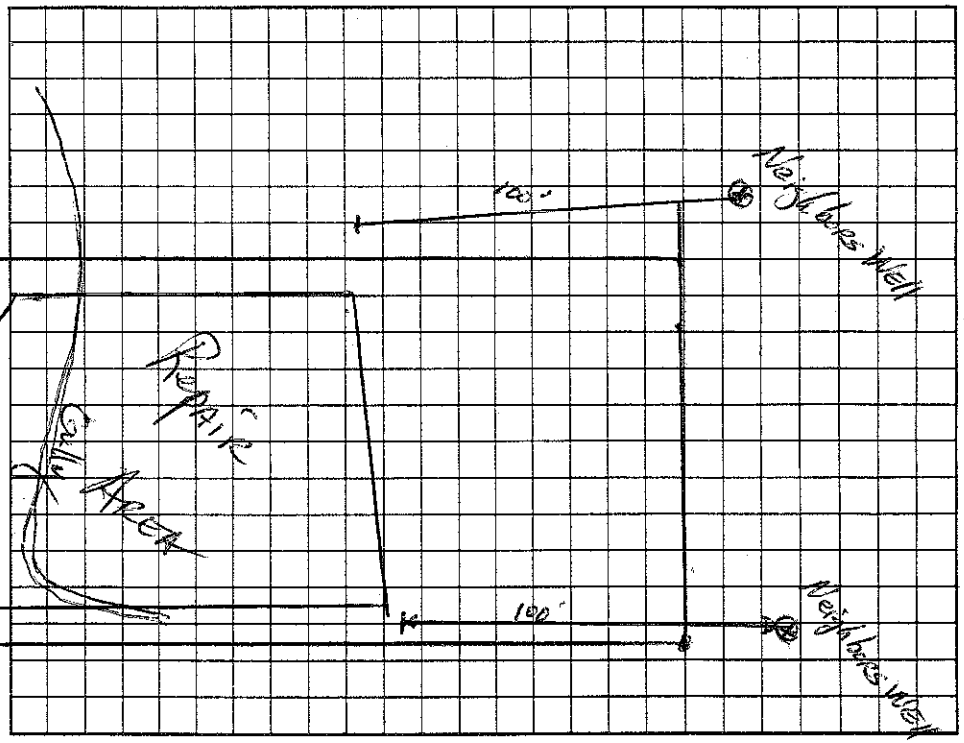
Comments:/Conditions:

INITIAL SITE SKETCH

1" = 50'



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 10-20-03 Operation Permit by: Wesley Sparks R.S. date 10/1/04

Authorization to Construct by: Wesley Sparks R.S. date 2/19/04 Existing System Inspection by: _____ date _____

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