IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113534 PIN# 4627885496.036 4627-96-8642 ~~Mike Dair~~ DATE 1-31-07

OWNER OR APPLICANT Traditional Southern Homebuilders PHONE: Business 980 721-5434 Home 201-360-99

ADDRESS P.O. Box 4083 Mooresville, NC 28117

LOCATION Hwy 150 West TL onto Paradise Peninsula Rd TL onto Greenbay Rd ~.6 miles on left

SUBDIVISION Greenbay Forest BLOCK / SECTION ____ LOT 36 LOT AREA .83 Acre SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1914 Date 12-29-06

Pump Tank: 1000 Gallons; PT 283 Date 8-18-07

Pump Make: Zoeller Model N140D Serial No. ____

Nitrification Field: No Fields 1 Square Feet 536 Linear Feet 268

No Lines 4 Trench Width 24" min. 8'OC Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: or 36" max 90C

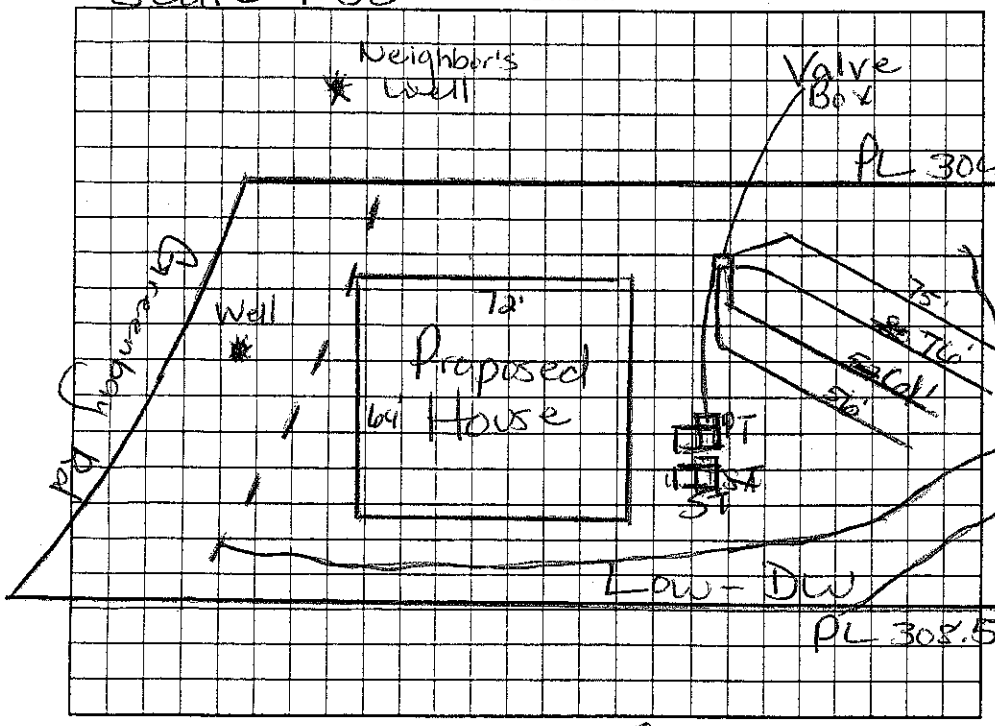
* Need Maint. Agreement with Certified Operator prior to Septic System Completion

Comments:/Conditions: Drilled 3/16" hole

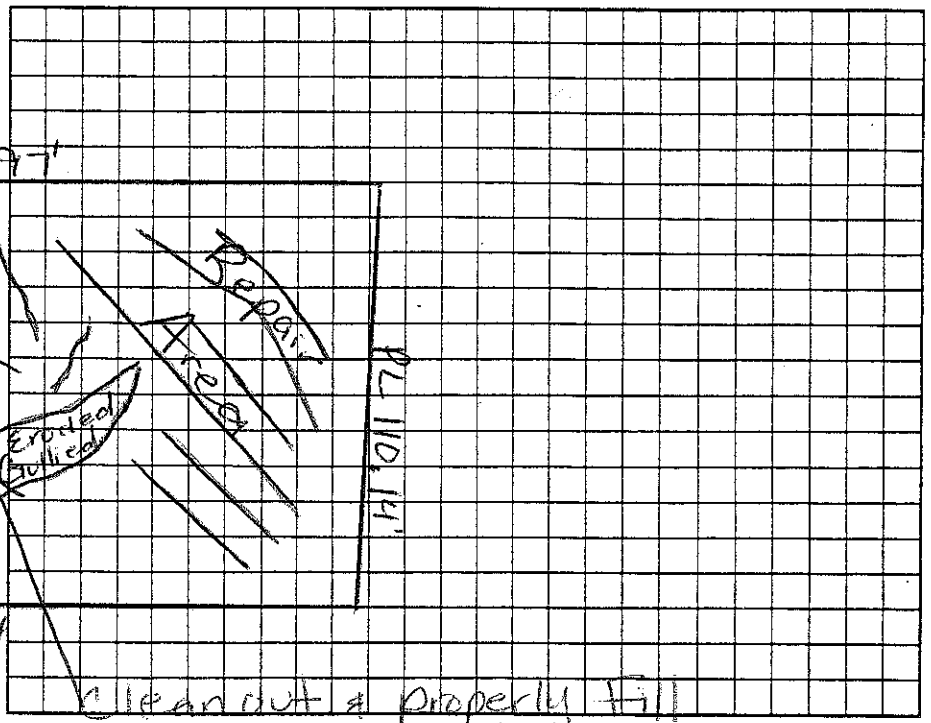
10/5/07 Checked tanks & 3 lines

10/8/07 Set pressure @ 2ft & 4th line Checked

Scale 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: Christopher C. Cox date 1/31/07

Improvement Permit by: Maria H. Dolan RS date 1/31/07

Authorization to Construct by: Maria H. Dolan RS date 1/31/07

Installed by: Dennis Hoyle

Operation Permit by: Maria H. Dolan date 11/15/07

Existing System Inspection by: ____ date ____

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