IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281 1:00

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

PERMIT# 113483 PIN# 4627-88-5496.025 4627 97 2294

OWNER OR CONTRACTOR Greenbay Forest LLC PHONE: Business _____ Home _____ DATE 12/10/04

ADDRESS PO Box 3608 Mooresville NC 28117

LOCATION 1100' W TL Paradise Peninsula, TL Greenbay on LT past old Quarry

SUBDIVISION Greenbay Forest BLOCK / SECTION _____ LOT 22 LOT AREA 1.10 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ 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 —

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

System Description: Gravity 25% Reduction

Repair System Description: 25-50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

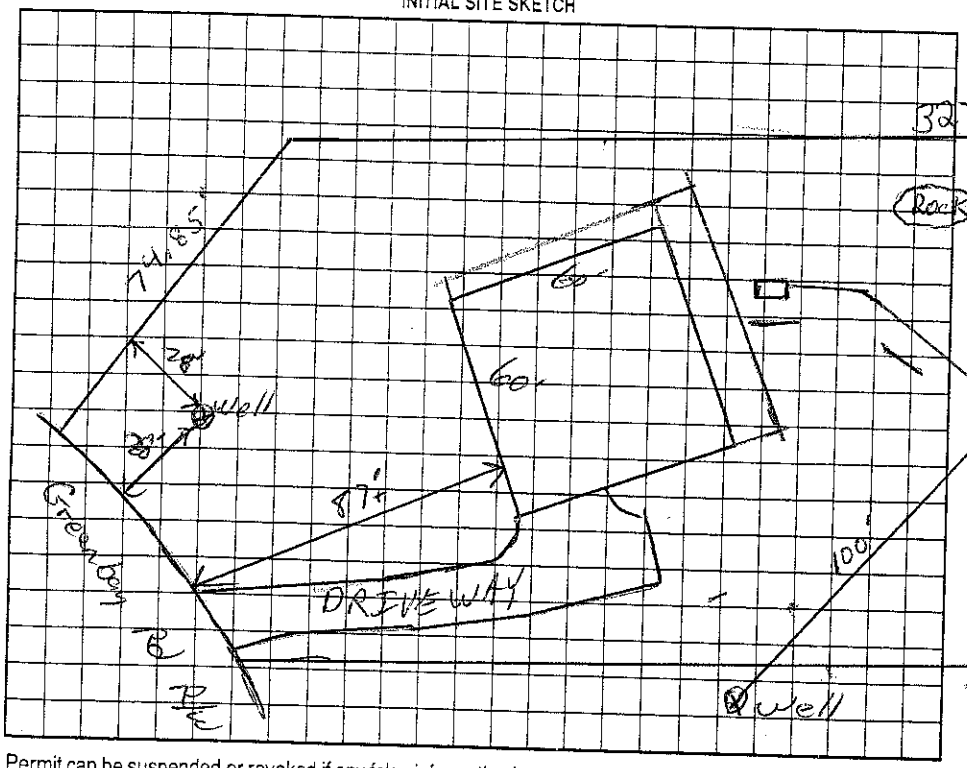
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

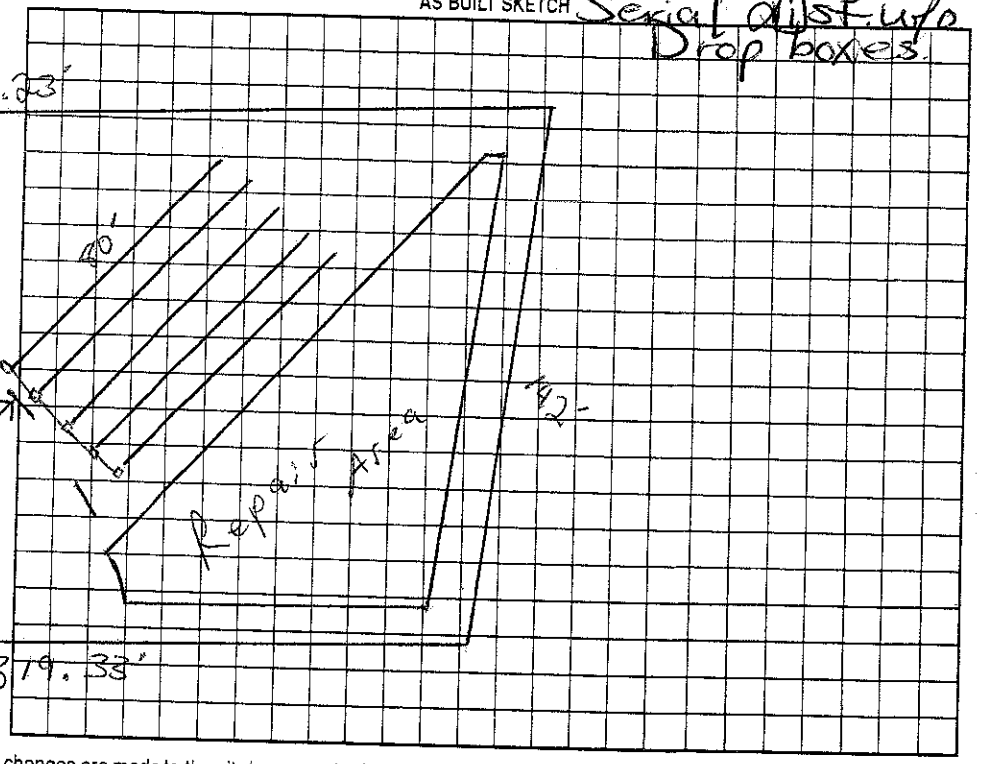
Comments:/Conditions: 3/21/13 Reviewed Floor plans, in Compliance with I.P 6/19/13 Checked ST & upper 2 lines + 3 lower lines 1"=50'

Comments:/Conditions: Note: House box Slightly larger than original Shown but Still fits with Septic System Installed Quick 4, essentially 9/3 drain Serial dist. w/o Drop boxes.

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 12/13/04 Installed by: Gunter Grading

Improvement Permit by: _____ RS date 12/10/04 Operation Permit by: _____ RS date 6/19/13

Authorization to Construct by: _____ RS date 3/21/13 Existing System Inspection by: _____ date _____

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