IREDELL COUNTY HEALTH DEPARTMENT

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

1130

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

PERMIT# 13485 PIN# ~~4629-88-5496.000~~ 4629-97-2294 DATE October 13 03

OWNER OR CONTRACTOR Greenbay Forest LLC / KIMBERLY JAMES HOMES PHONE: Business _____ Home _____

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

LOCATION 152 West TL Nordise Peninsula TL Greenbay on left past old Granny site

SUBDIVISION Greenbay Forest BLOCK / SECTION _____ LOT 28 LOT AREA 1.04ac SITE CLASS. B DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 154 Date 2/21/04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: ST 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____

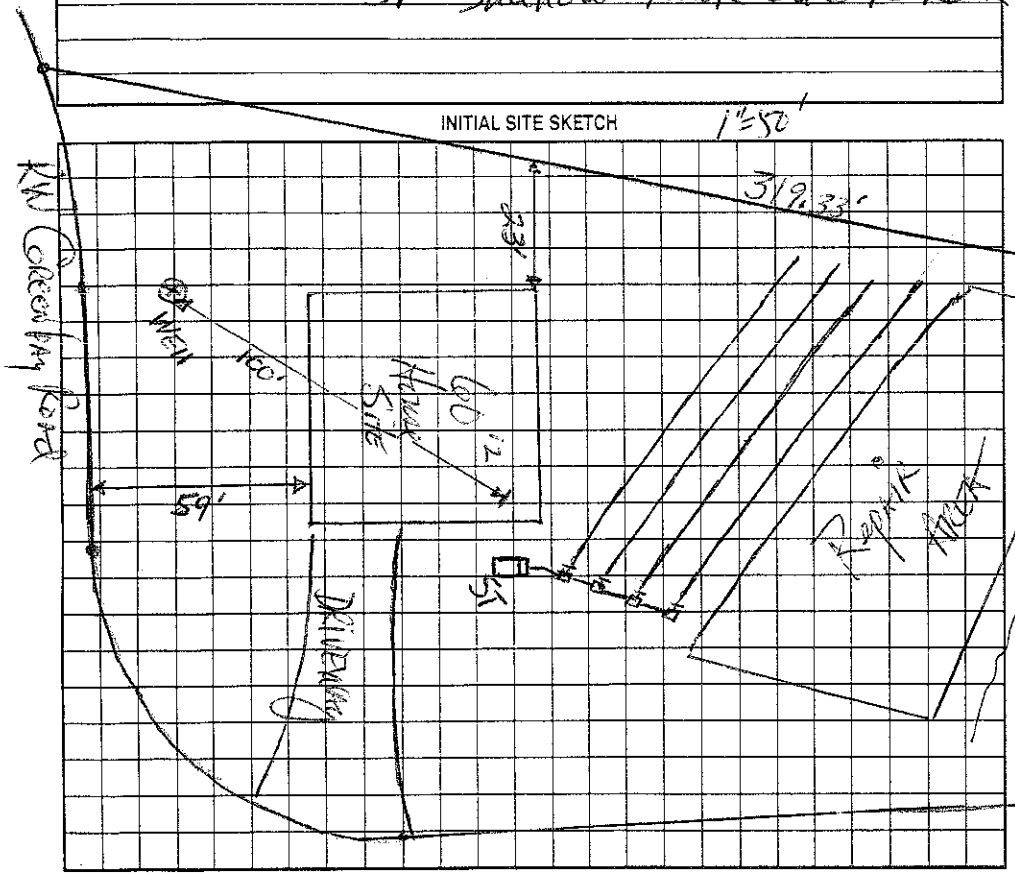
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

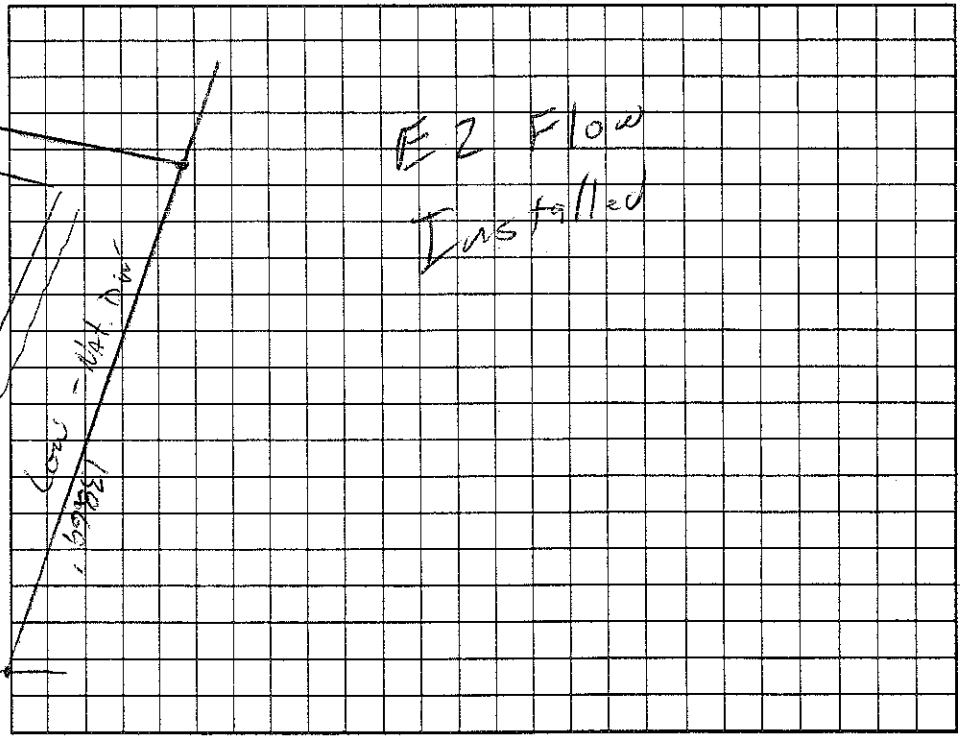
Comments:/Conditions: ST - Shallow Tank Due to Rock

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 10-13-03 Installed by: C. D. Roseman

Improvement Permit by: _____ date 10-13-03 Operation Permit by: _____ date 9/24/04

Authorization to Construct by: _____ date 5/3/04 Existing System Inspection by: _____ date _____

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