EDELL COUNTY HEALTH DEPARTMENT

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

10:30 / 3

MPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPEC ION

PERMIT# 113486 PIN# 4627-88-5496.029 4627-97-5029 DATE Oct 20, 2003

OWNER OR CONTRACTOR Greenbay Forest LLC / White House Builders PHONE Business _____ Home _____

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

LOCATION 150 West TL Paradise Peninsula, TL Green bay on left

SUBDIVISION Greenbay Forest BLOCK / SECTION _____ LOT 29 LOT AREA 1.03AC SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 312 Date 12-14-07
Pump Tank: 1000 Gallons; PT 27 Date 12-14-07
Pump Make: Goulds Model WE0312M1 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: PM-25% Reduction
Repair System Description: LP PBPS
Maintenance Agreement Required: ☐ Yes ☑ No initially
Gravel Depth NA

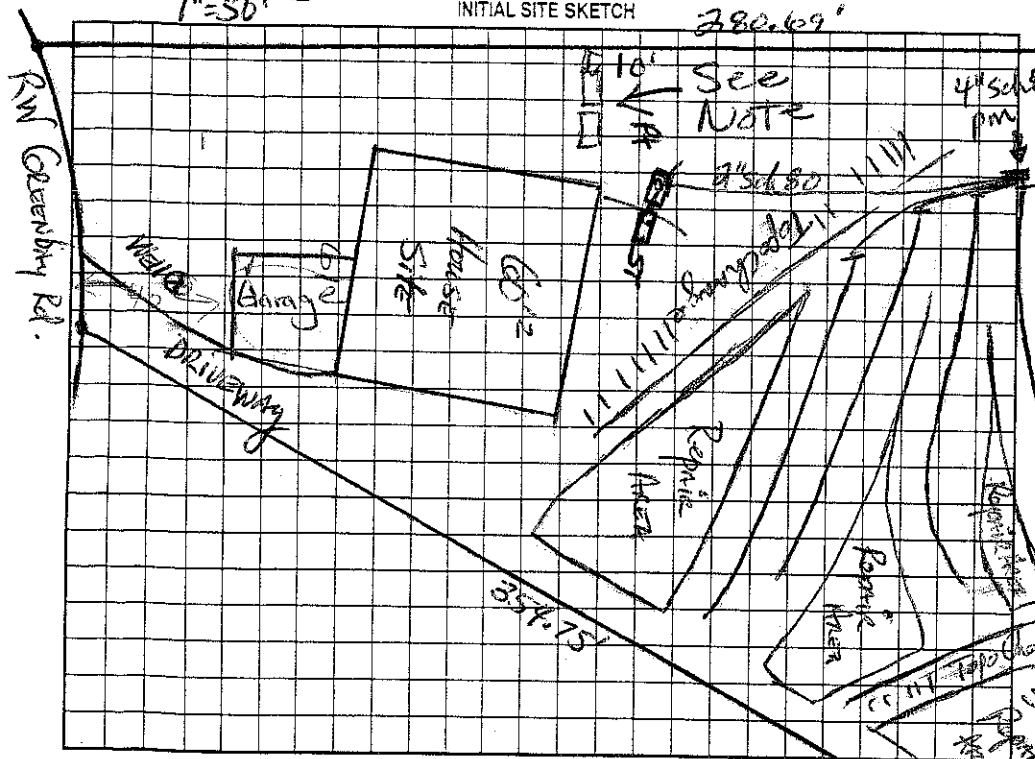
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

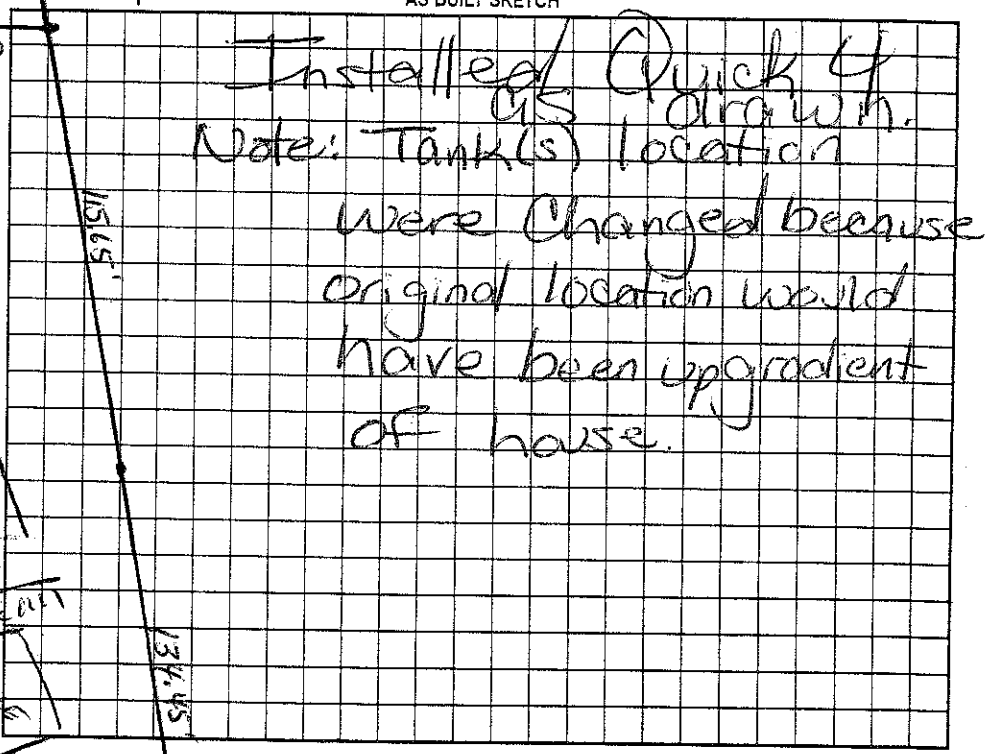
Comments:/Conditions: Keep Garage 40FT from front PL & well minimum of 25FT from Building, 10FT from PL

Comments:/Conditions: Reviewed Building plans & site plan essentially in Compliance with original permit 12/11/08 Checked tanks & lines

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: _____

Improvement Permit by: _____ date 10-20-03 Operation Permit by: _____ date 3/4/08

Authorization to Construct by: _____ date 7/20/07 Existing System Inspection by: _____ date _____

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