IREDELL COUNTY HEALTH DEPARTMENT

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

/30

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

PERMIT# 113513 PIN# ~~4617-88-5926.000~~ 4627-97-6073 DATE October 20, 2003

OWNER OR CONTRACTOR Greenbay Forest LLC / Pinnacle Homes of LN PHONE: Business _____ Home _____

ADDRESS P.O. Box 36081, Mooresville, N.C. 28117

LOCATION 150 West TL Paradise Peninsula TL Greenbay on left

SUBDIVISION Greenbay Forest BLOCK / SECTION _____ LOT 30 LOT AREA 1.19 ac SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. 3 initial / 0.2-3 Repair

Septic Tank: 1000 Gallons; STB 794 Date 10/6/03

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field/ No Fields 1 Square Feet ~~1200~~ 1599 Linear Feet ~~400~~ 533

No Lines 4, 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 = CONV

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

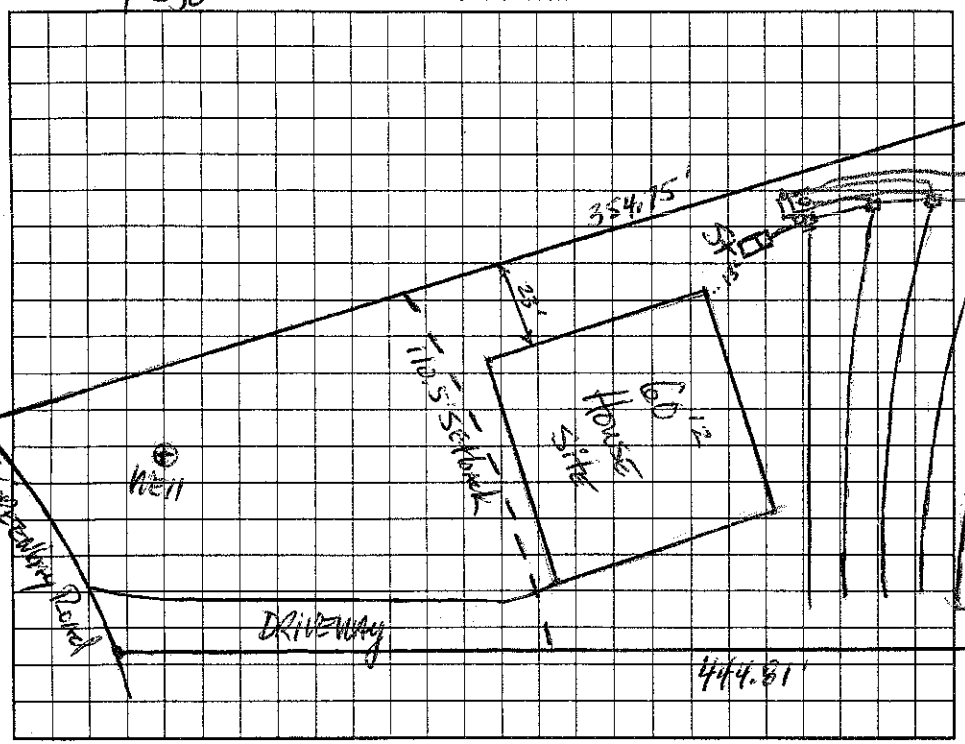
Comments:/Conditions:

Drop Boxes or single D-box w/ Levelators can be used.

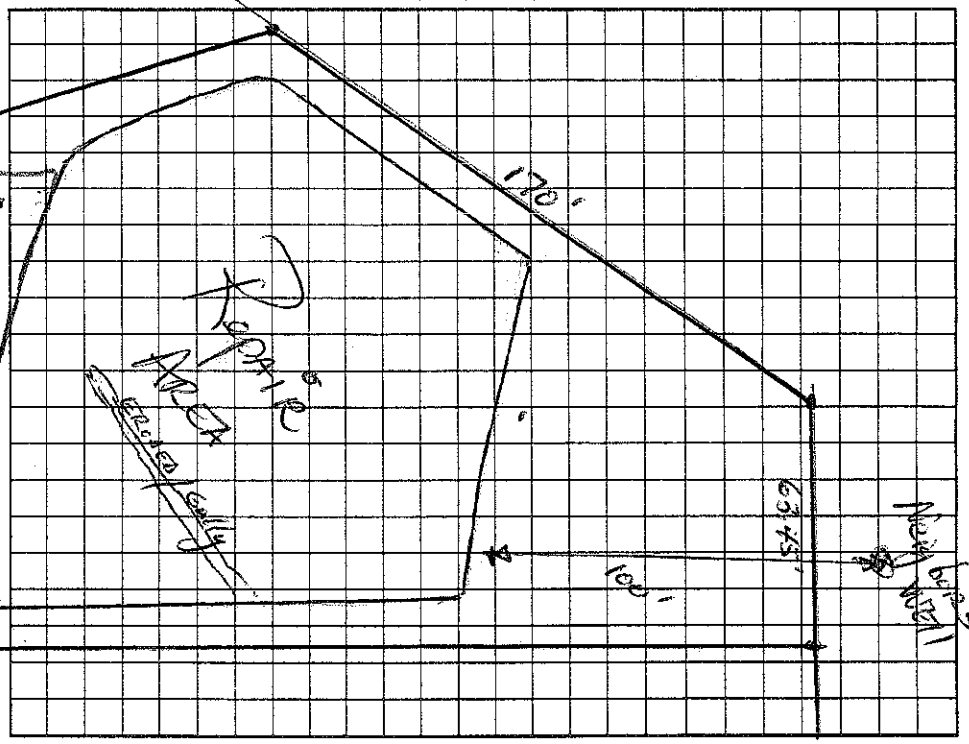
Comments:/Conditions: Clean up distribution ditch

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: Penn-Warden

Improvement Permit by: _____ date 10-20-03 Operation Permit by: Wesley Sparks RS date 4/15/04

Authorization to Construct by: _____ RS date 12/4/03 Existing System Inspection by: _____ date _____

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