IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# ~~9445~~ 12988 PIN# ~~4029641771 PT~~ 4629-63-9965 DATE 8/30/01

OWNER OR CONTRACTOR PROVIDENT DEV. PHONE: Business _____ Home _____

ADDRESS 6707 FAIRVIEW SUITE B CHARLOTTE NC 28210

LOCATION PERTH (S) - TR STATE PARK - TL MORRISON FARM - TR SUNSET BAY - ON LT

SUBDIVISION SUNSET BAY BLOCK / SECTION _____ LOT 4 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .36 GPD/FT²

Septic Tank: 1000 Gallons; STB 312 Date 11-30-05
Pump Tank: 1000 Gallons; PT 283 Date 11-20-05
Pump Make: ECOLOS Model WEDS12HHW Serial No. L05T1902
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 N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP 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 _____

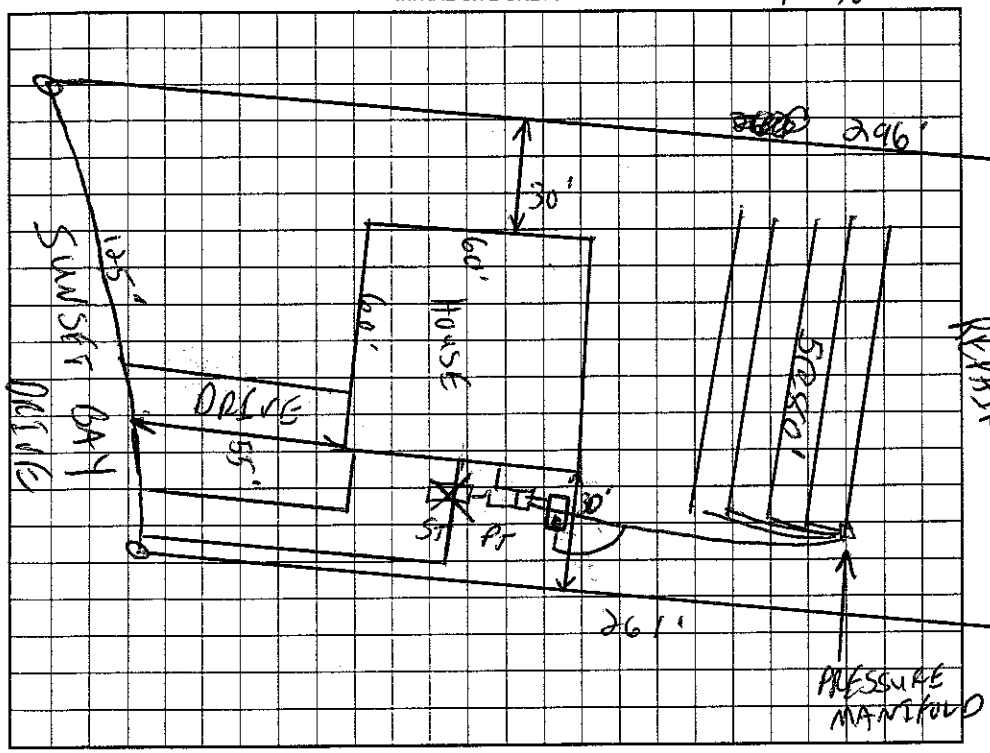
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ ~~Community~~

Comments:/Conditions:

Comments:/Conditions: Approved A 60' x 55' FLOOR PLAN WITH SIDE ENTRY GARAGE. OWNER/Applicant of FLOOR PLAN OK'S TANK CHANGES LC 7-8-05 Maria Peters

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

- System 3' up from house
- BLUE POLYLOK Filter & RISERS
- V'D Pressure & LINES, NEEDS ELECTRICAL
- V'D ELECTRICAL. 2-6-06 EVERYTHING V'D

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 1-31-07 Installed by: HALLMAN ENTERPRISES

Improvement Permit by: _____ RS date 8/30/01 Operation Permit by: _____ RS date 2-6-06

Authorization to Construct by: _____ RS date 7-8-05 Existing System Inspection by: _____ date _____

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