# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094578 PIN# ~~4629-64-1771~~ 4629-65-9433 DATE 8-29-04

OWNER OR CONTRACTOR SYNERGY SOUTH, LLC PHONE: Business 704-202-5776 Home 704 896-6306

ADDRESS PO BOX 545 MT MOURNE, NC 28123

LOCATION 21 SOUTH (R) PERTH (R) STATE PARK (L) MORRISON FARM (R) ROUNDSTONE LOT ON LEFT

SUBDIVISION LAKEVIEW ESTATES BLOCK / SECTION ____ LOT 2 LOT AREA 1.10 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11-17-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ=1600 Linear Feet 400'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, [III], IV, V, VI
System Description: 6 RAN 25% REDUCT
Repair System Description: LP 25% REDUCT
Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 2 1/2
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

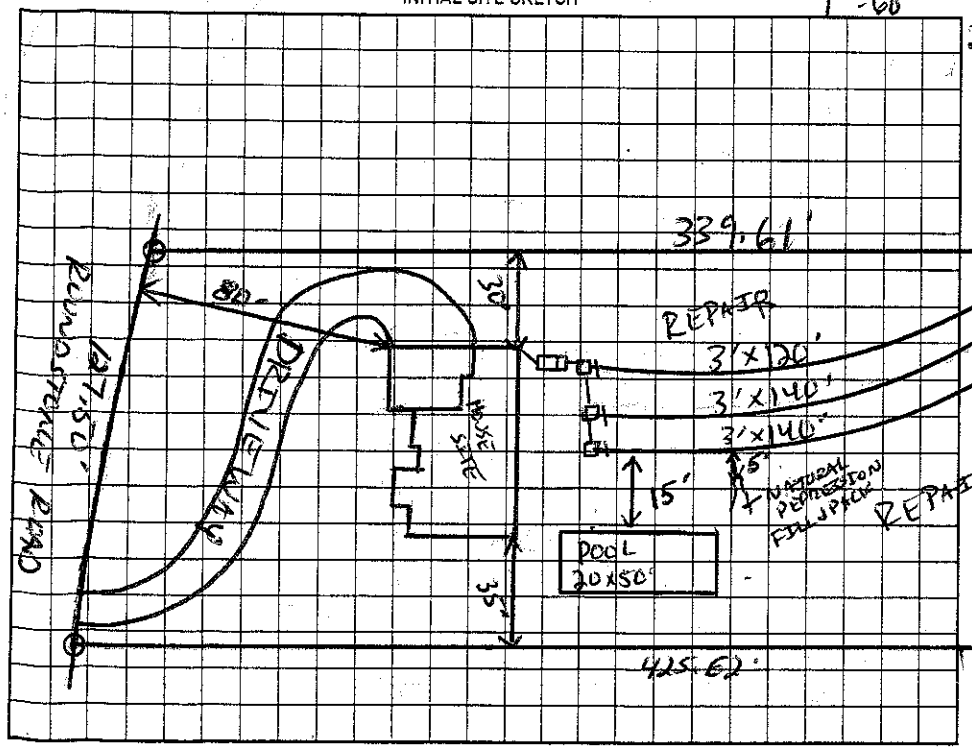
Water Supply: [ ] Individual [ ] Public [X] Community

Comments/Conditions: (1) FILL & PACK SMALL WASHOUT BELOW LAST SEPTIC LINE (2) INSTALL SEPTIC BY POOL SO SETBACKS CAN BE MAINTAINED. (3) SMOOTH OUT HUMPS & BUMPS ON CONTOURS (4) STUBOUT AT NATURAL GRADE SO the system will not be to deep.

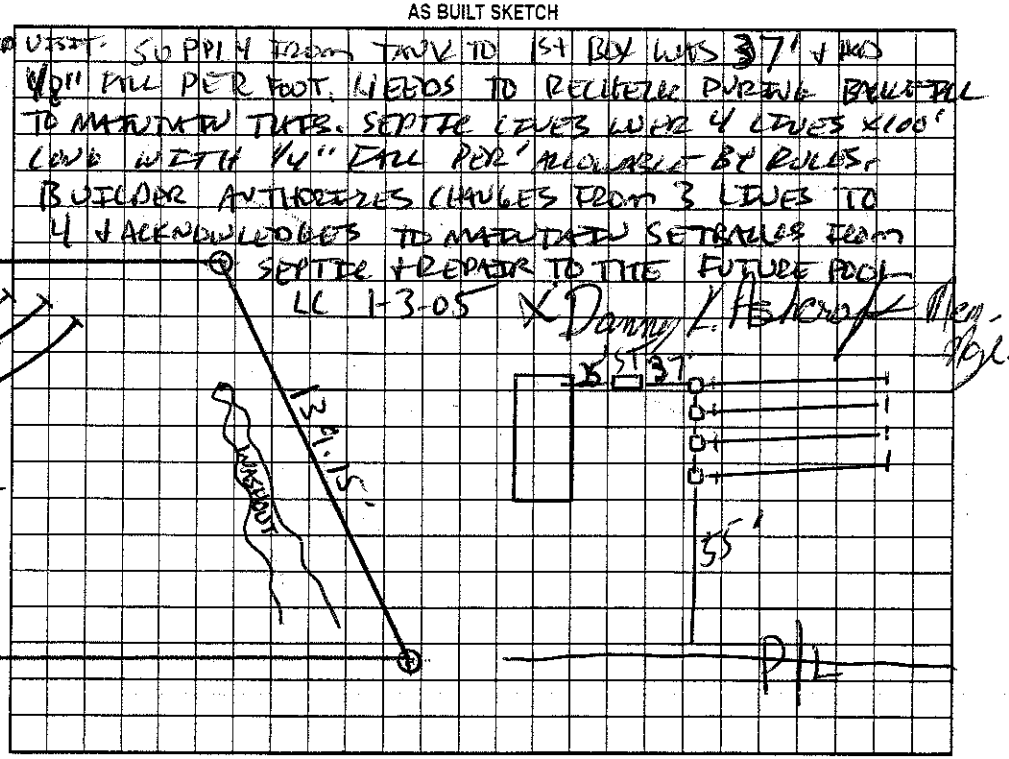
Comments/Conditions: POLYLOK FITTER & RISERS

FIRST VISIT WAS TURNDOWN

INITIAL SITE SKETCH 1" = 60'




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: [signature] MEM-MGR date 8-24-04 Installed by: PEN WAZDEN CONST

Improvement Permit by: [signature] RS date 8-24-04 Operation Permit by: [signature] RS date 1-3-05

Authorization to Construct by: [signature] RS date 8-24-04 Existing System Inspection by: ____ date ____

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