107 Sunset Bay

CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 94483 / 33301 PIN# 4629-74-1155 DATE 10/5/06

OWNER OR APPLICANT Heather Harris

ADDRESS PO Box 3383 Mooresville NC 28117 PHONE: Business 980-722-1370 Home 704-663-2710

LOCATION Shelton Rd @ Morrison Farm @ Sunset Bay Dr 1st lot on left

SUBDIVISION Sunset Bay BLOCK / SECTION ____ LOT 6 LOT AREA 32,301 sq ft SITE CLASS. PS DESIGN FLOW 420 L.T.A.R. 15

Septic Tank: 1000 Gallons: STB 550 Date 2-1-06

Pump Tank: 1000 Gallons: PT 750 Date 6-22-06

Pump Make: Zoeller Model N-1756 Serial No. ____

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270

No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth n/a ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Pump

Repair System Description: same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees ____

☐ Other ____

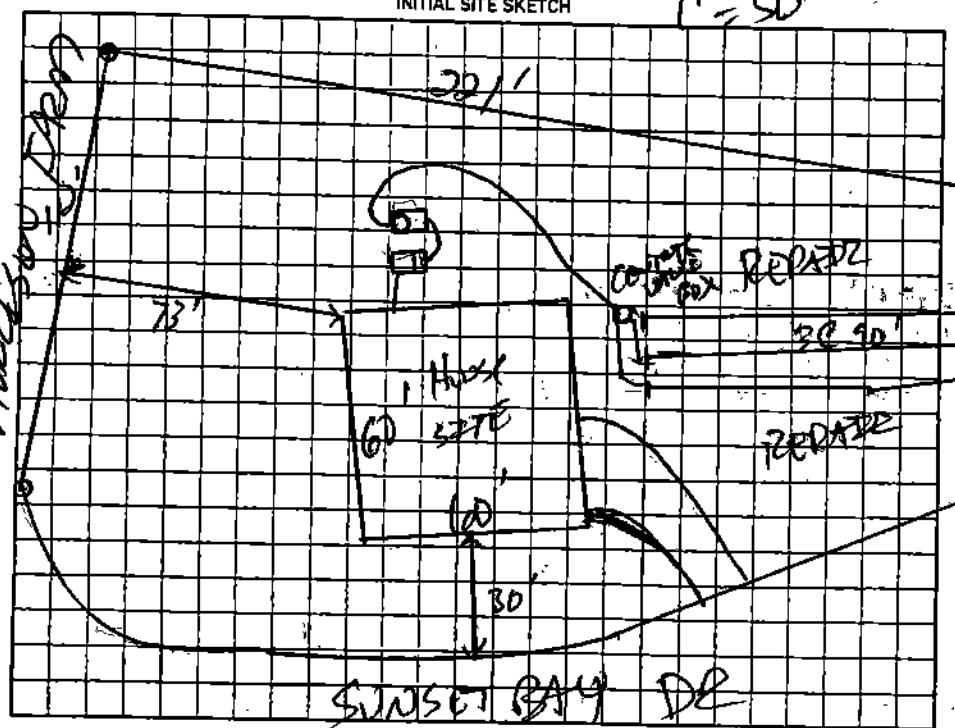
Water Supply: ☐ Individual ☒ Public ☒ Community

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

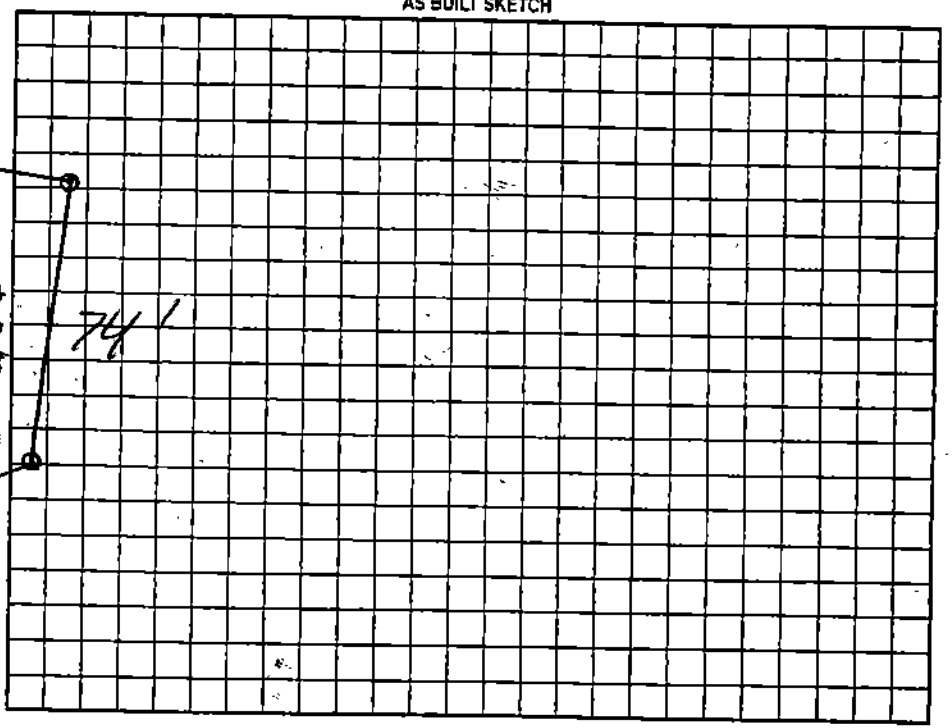
Comments/Conditions: (1) System installed by previous Permit dated 8/30/01. Expired during installation. Paid new fee & issued new permit.

Comments/Conditions: 3/4" holes @ 10/2 Pump/Zoeller Filter Model ____ Installer is the operator

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 10-5-06 Installed by: Piedmont Septic

Improvement Permit by: ____ date 10-5-06 Operation Permit by: ____ date 10-5-06

Authorization to Construct by: ____ date 10-5-06 Existing System Inspection by: ____ date ____

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