IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 0823369 PIN# 4635583450 DATE 7/8/99

OWNER OR CONTRACTOR Allen Campi / Integra Builders PHONE: Business 518-4636 Home 664-2690

ADDRESS 283 Wood Duck Lp Mooresville NC 28117

LOCATION Brawley School TL Stutts Rd TR Shoreline Dr TL Bay View Dr. on RT.

SUBDIVISION Bay View Estates BLOCK / SECTION ____ LOT 39 LOT AREA ~.5 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Janet Faulk - Agent

Septic Tank: 1000 Gallons; STB 794 Date 4/19/03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 6 at 67' Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: Gravity - Paved Block

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 2.5 No. Employees ____

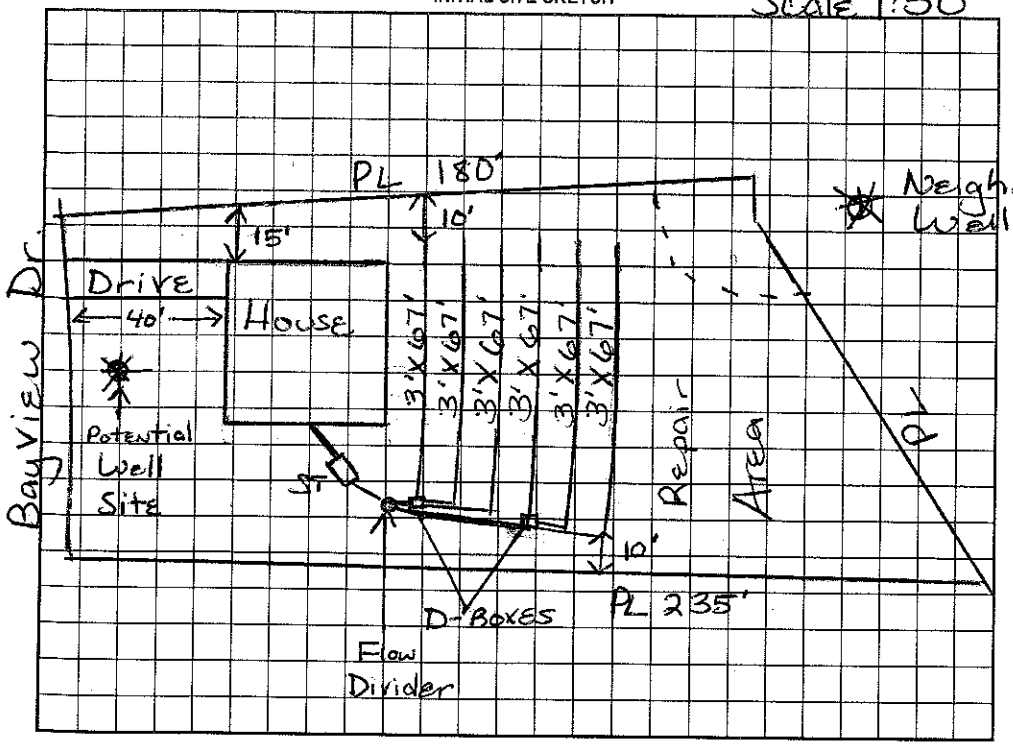
☒ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' From PL, 5' from House & 50' From well (Any well)

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH

Infiltrators Install AS Drawn

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: Miranda L Underwood date 1-12-99

Improvement Permit by: Maria H. Dotson RS date 7/8/99

Authorization to Construct by: ____ RS date 4/7/03

Installed by: Olson

Operation Permit by: ____ RS date 5/28/03

Existing System Inspection by: ____ date ____

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