IREDELL COUNTY HEALTH DEPARTMENT

STATES 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 12410 PIN# ~~4636-76-3226.001~~ 4636-65-9676 DATE 12/6/04

OWNER OR CONTRACTOR Backe Builders of NC LLC/Bill Rayburn PHONE: Business 704 361 0047 Home 704 662 - 0047

ADDRESS PO BOX 3481 Mooresville NC 28115

LOCATION BSR, TL Canvasback, TR Old Squaw, TL Billy Joe, TR Pintail Run, on Rt

SUBDIVISION The Links @ MH BLOCK / SECTION ____ LOT 1 LOT AREA 1.15AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 11/14/05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ~

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

System Description: Gravity 25% Reduct.

Repair System Description: Pump 25% Reduct.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

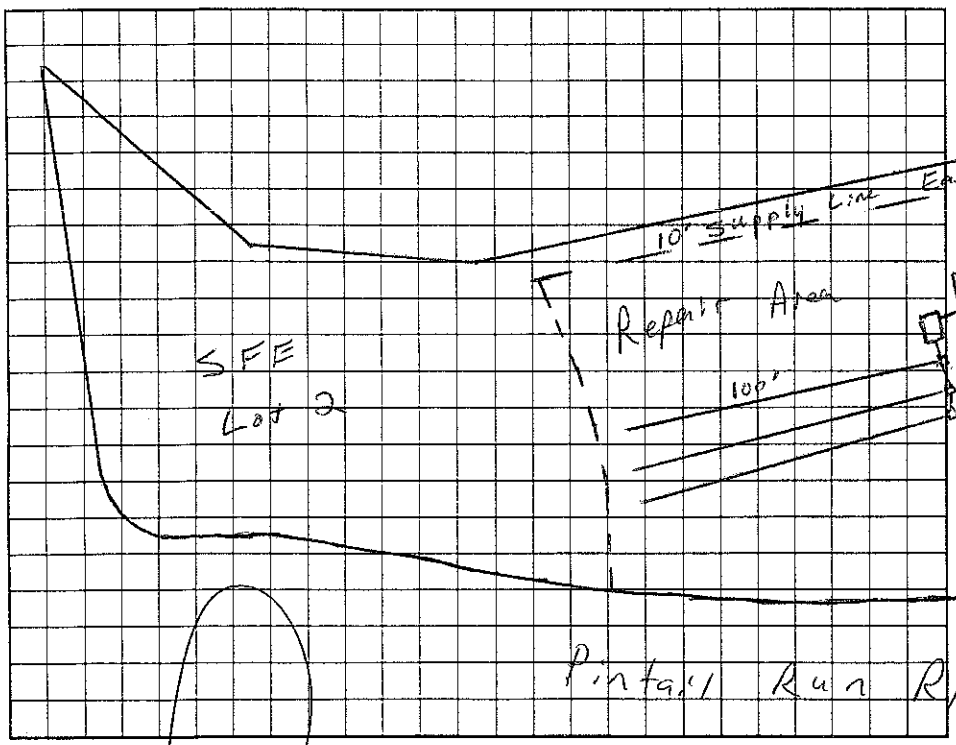
Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions:

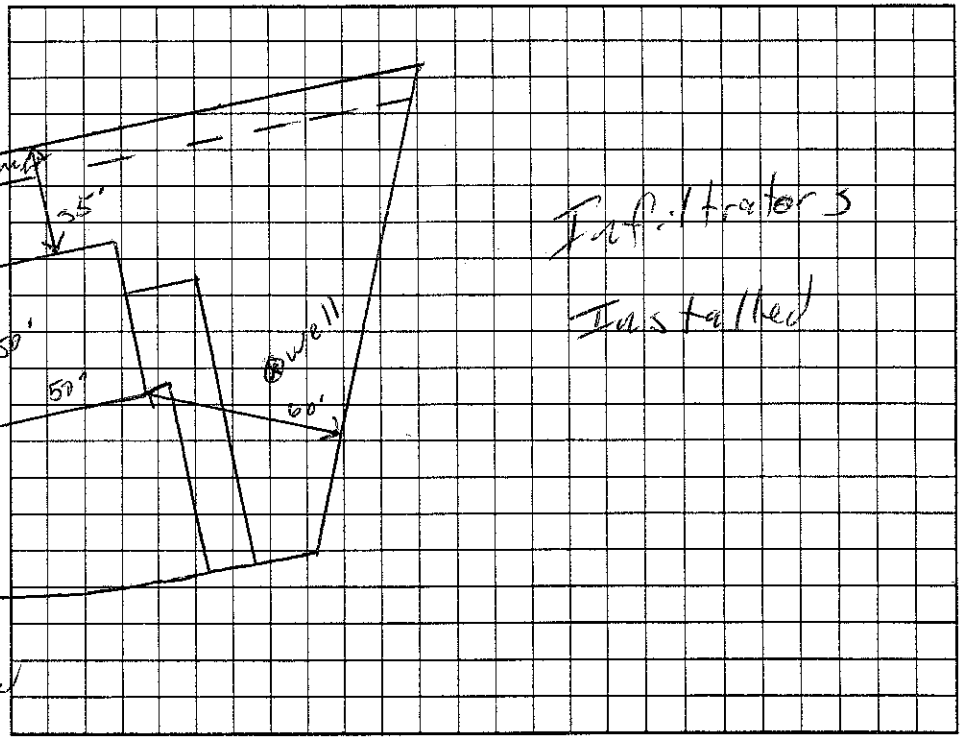
1"=60'

Comments:/Conditions:

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 12/7/04

Improvement Permit by: RS date 12/6/04

Authorization to Construct by: RS date 12/17/04

Installed by: Abernathy

Operation Permit by: RS date 3/4/05

Existing System Inspection by: ____ date ____

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