IREDELL COUNTY HEALTH DEPARTMENT

375

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

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

PERMIT# 123559 PIN# 4639 13 58 89 DATE 1-25-05

OWNER OR CONTRACTOR Petera Jean Enyeart PHONE: Business (513) 793-2654 Home 513 398-9545

ADDRESS 2053 Winding Creek Dr Mason, OH 45040

LOCATION Perth Rd TL Fern Hill (towards lake) TR Bullfinch house on right.

SUBDIVISION Beacon Pt BLOCK / SECTION ____ LOT 3 LOT AREA .55 SITE CLASS. 5 DESIGN FLOW 360gpd T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 4-23-06
Pump Tank: 1000 Gallons; PT 27 Date 4-8-06
Pump Make: Gould's Model VE05111HH Serial No. ____
Nitrification Field: No Fields 1 Square Feet 480 Linear Feet 240
No Lines 5@48' Trench Width 24"-36" Max Trench Bottom Depth 30"-36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump-4- Panel Block
Repair System Description: Same.
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 3 No. Employees ____

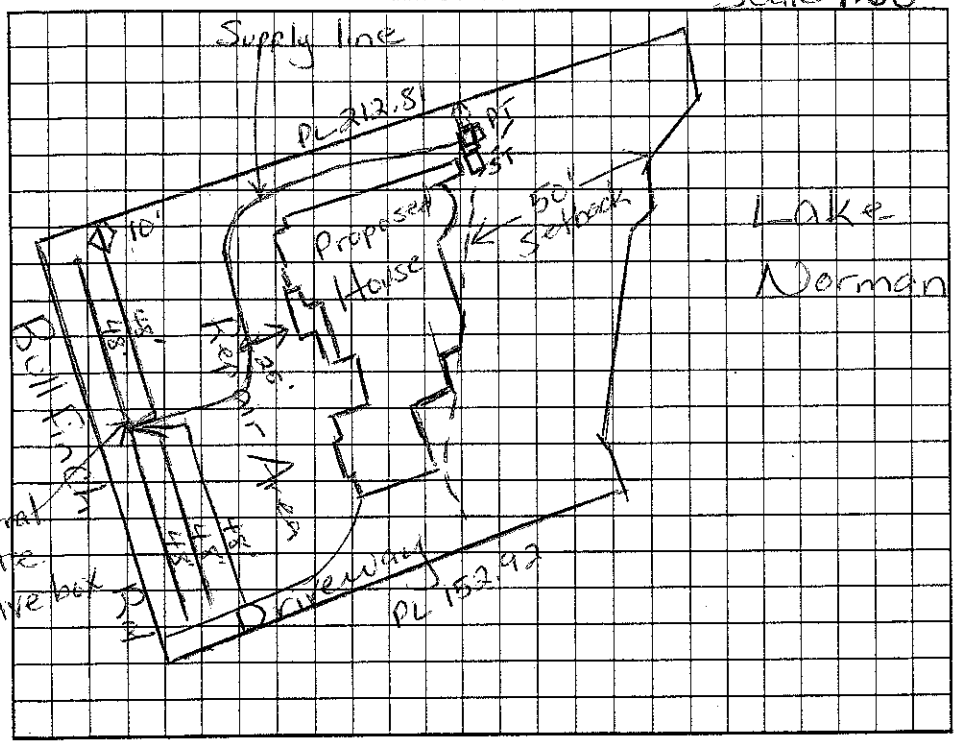
☐ Slab ☒ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

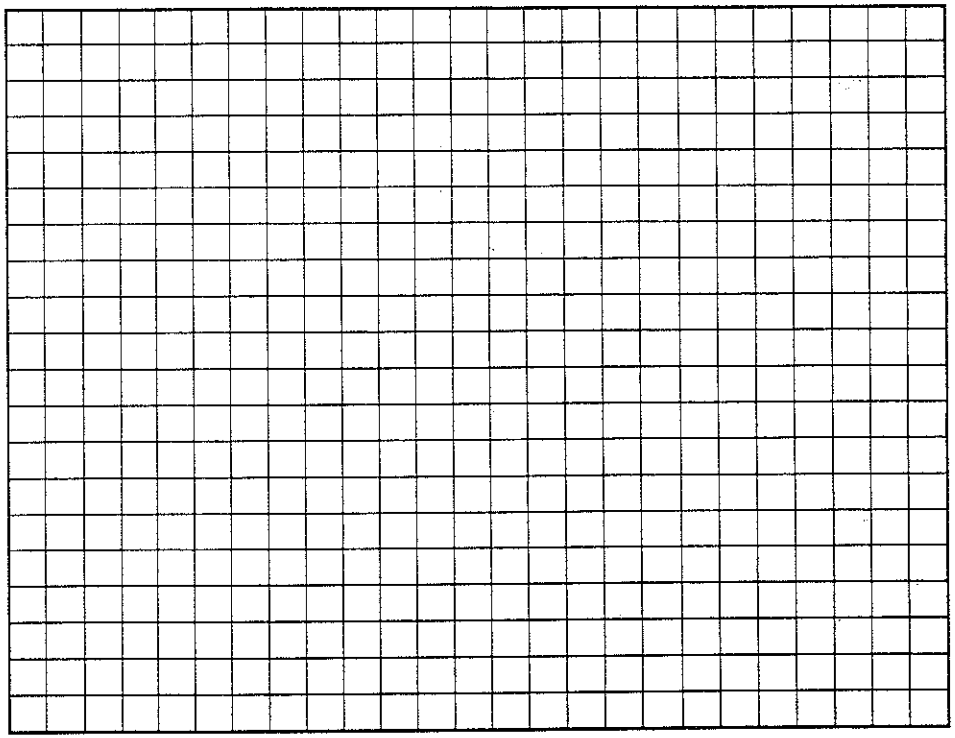
Comments:/Conditions: Keep Septic System at least 10' from PL & 50' from lake.
Permitted per plan Submitted by TC Jacobs

Comments:/Conditions: partial
11 panels per ditch Checked tanks 5/25/06
Checked lines 5/26/06 MD

INITIAL SITE SKETCH Scale 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] RS date 1/25/05

Improvement Permit by: [signature] RS date 1/25/05

Authorization to Construct by: [signature] RS date 1/25/05

Installed by: Richard Abernathy

Operation Permit by: [signature] RS date 6/15/06

Existing System Inspection by: ____ date ____

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