700.00 Paid P30 - 10=

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13190 PIN# 4639 45 0254.001 4639-34-9692 DATE 11/4/05

OWNER OR APPLICANT Regent Bldr. PHONE: Business _____ Home _____

ADDRESS PO Box 5142 Concord NC 28027

LOCATION Perth, TL Fern Hill, TR Nautical Pt, on Lt.

SUBDIVISION Nautical Pt BLOCK / SECTION _____ LOT 1 LOT AREA 1.36 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 1012 Date 3-3-06
Pump Tank: 1000 Gallons: PT 17 Date 8-15-06
Pump Make Goulds Model WE05111 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines 4@133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pump Conventional
Repair System Description: 25% Reduct.
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons ____ No. Employees ____

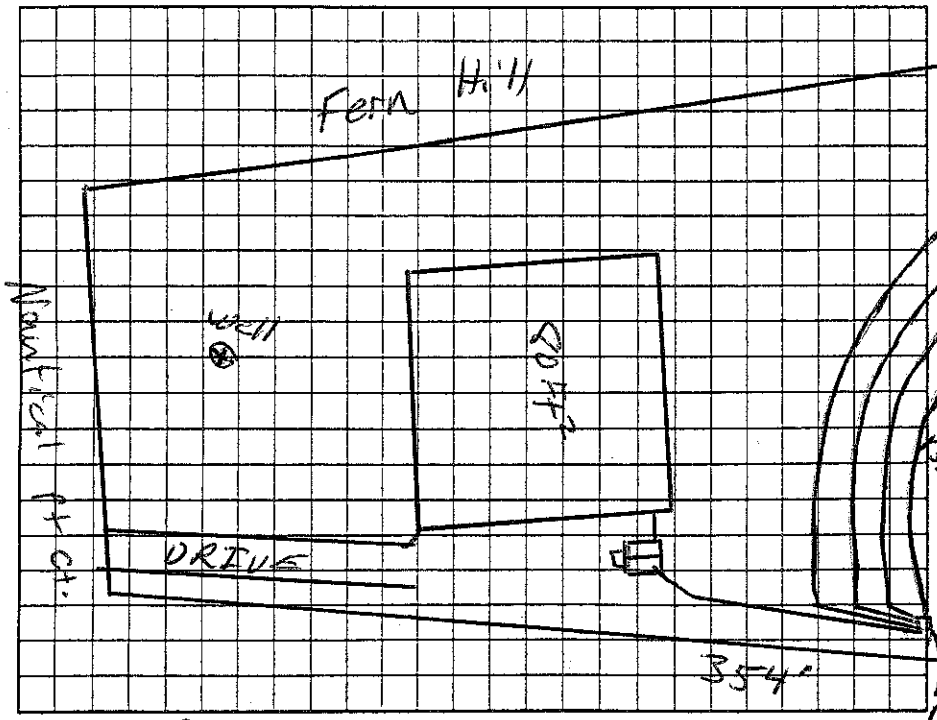
Water Supply: ☒ Individual ☐ Public ☐ Community

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

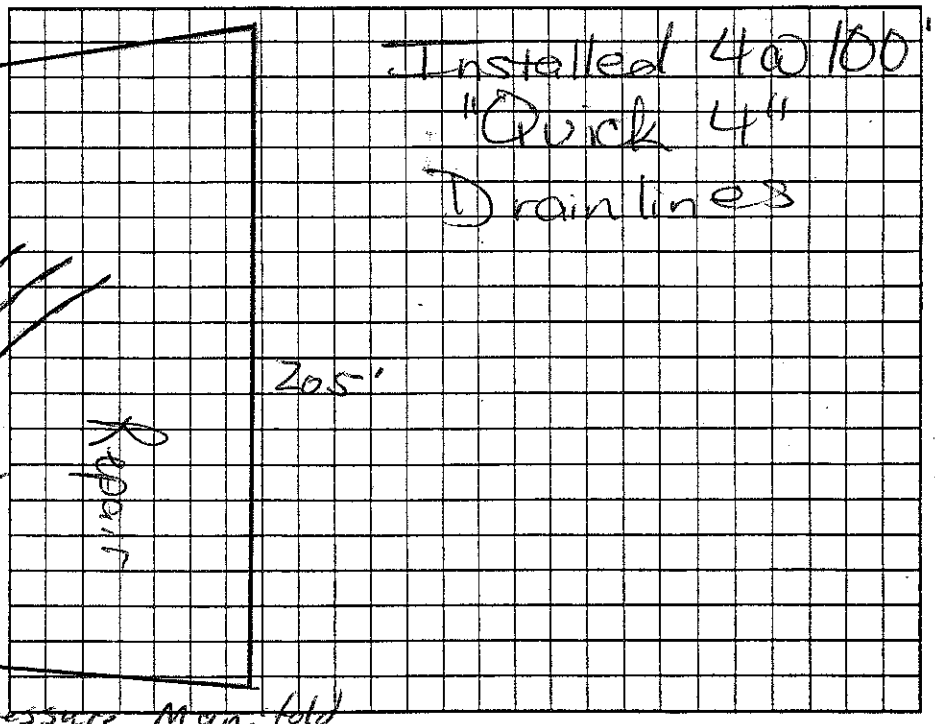
Comments:/Conditions: Renewal Floor plans in Compliance with I.P. House location Same as shown 1"=60'

Comments:/Conditions Cheaked tanks & lines 9/27/06

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 11/31/06 Installed by: C & S Grading

Improvement Permit by: _____ date 11/4/05 Operation Permit by: Joseph E. Allen date 10/10/06

Authorization to Construct by: _____ date 11/31/06 Existing System Inspection by: _____ date _____

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