IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 150.00 Paid MOORESVILLE 704-664-5281 3:00

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

PERMIT# 131218 PIN# 4639 45 0254.000 DATE 11/4/05

OWNER OR APPLICANT Regent Bldrs PHONE: Business _____ Home _____

ADDRESS PO Box 3142 Concord NC 28027

LOCATION Perth TL Fern Hill, TR Nautical Pt Cr. on Rt

SUBDIVISION Nautical Pt BLOCK / SECTION _____ LOT 8 LOT AREA 1.30AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 4-3-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Gravity 25% Reduct.

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

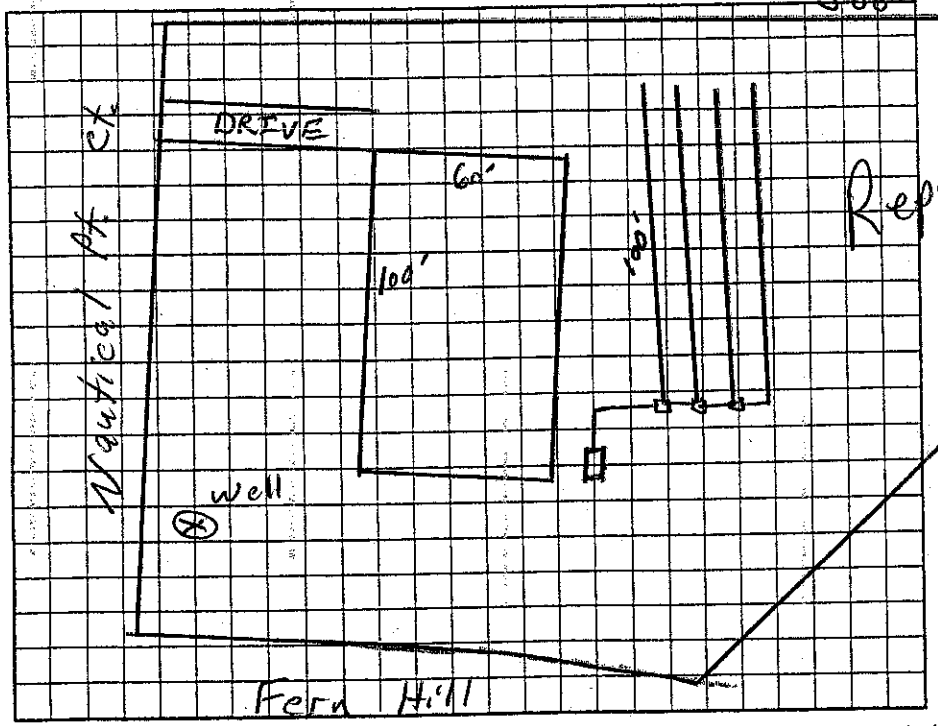
Comments:/Conditions:

House 50' from ROW

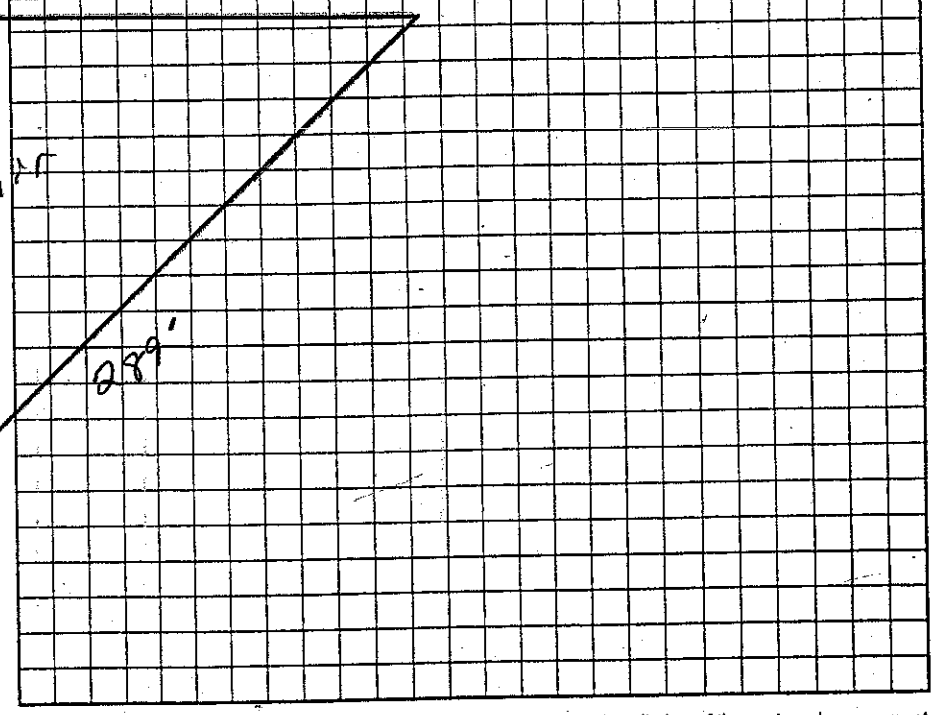
1"=60'

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 _____

Improvement Permit by: CS date 11/4/05

Authorization to Construct by: CS date 5/16/06

Installed by: C+S

Operation Permit by: _____ date 11/30/06

Existing System Inspection by: _____ date _____