IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121473 PIN# 4639-61-5556.014 4639-51-7219 DATE 11/4/04

OWNER OR CONTRACTOR HECHT PROPERTIES / DEAN HABERL PHONE: Business 483-3651 Home

ADDRESS 685 (N) HWY 16 DENVER, NC 28037

LOCATION PERTH (N) - TL LIVA LN - TR BAY CROSSING - TL SLEEPY COVE - AT END

SUBDIVISION BAY CROSSING BLOCK / SECTION LOT 14 LOT AREA .184 AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .30 PD/FT²

Septic Tank: ~~1000~~ 1500 Gallons; STB 528 Date 4/16/08

Pump Tank: 1000 Gallons; PT 471 Date 4/23/08

Pump Make: GOULDS Model WE0 10/2 HP Serial No.

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270

No Lines 4 @ 70' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LP PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

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

Water Supply: ☑ Individual ☐ Public ☐ Community

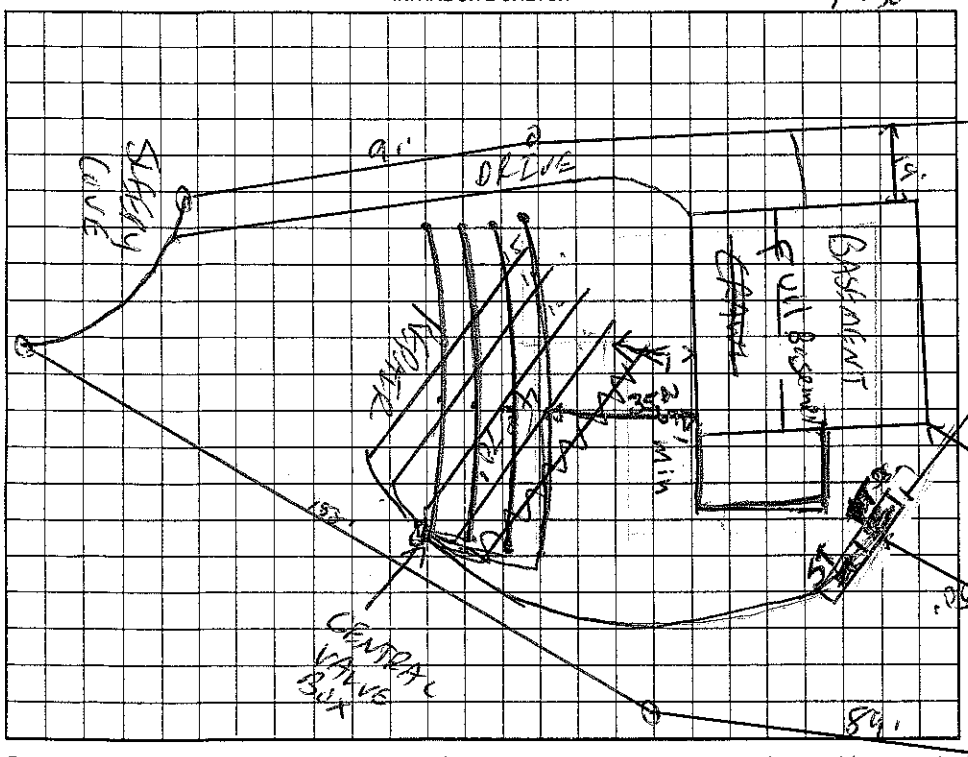
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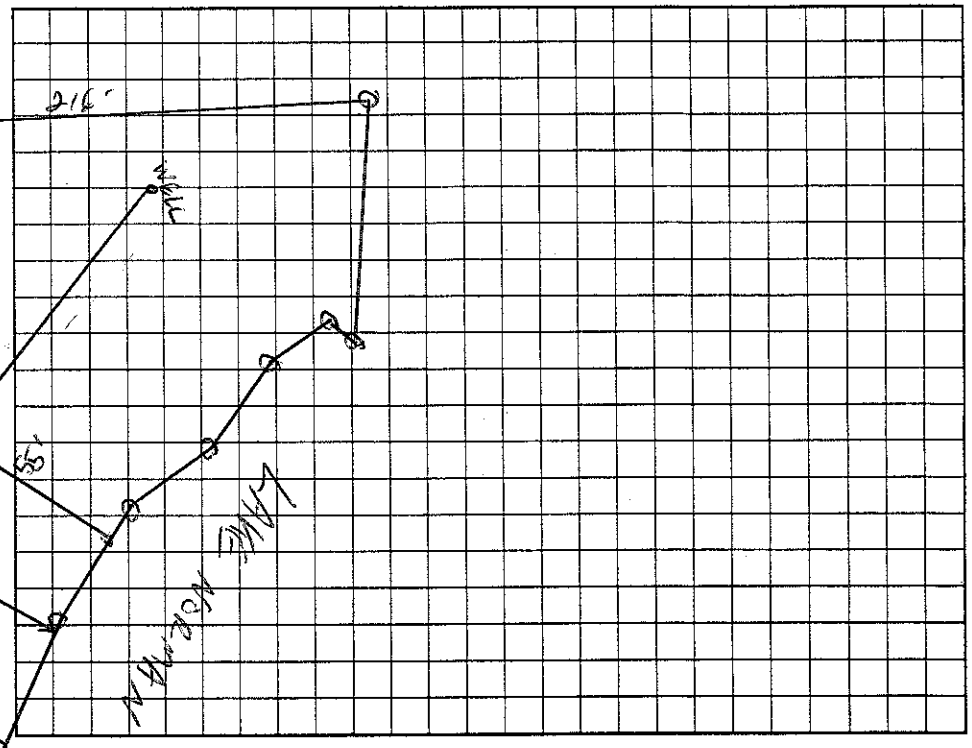
*full basement PARTIAL Keep septic system 25' min from basement.

5/32" = .41 GPM

INITIAL SITE SKETCH 1"=50'



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 11-22-04 Installed by: GROUND BREAKERS

Improvement Permit by: _____ RS date 11/4/04 Operation Permit by: Wesley Sparks R.S. date 4/2/09

Authorization to Construct by: Wesley Sparks R.S. date 7/10/06 Existing System Inspection by: _____ date _____

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