IREDELL COUNTY HEALTH DEPARTMENT

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

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

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PERMIT# 12526 PIN# 4639-61-5336.037 4639529141 DATE May 23, 05

OWNER OR CONTRACTOR Heart Properties Inc. / MIKE GAUSE (DREAM BUILDERS) Site: Business _____ Home _____

ADDRESS 885 N. Hwy 16, Denver, N.C. 28037

LOCATION Perth Rd (N) TL Lida Lane TR Bay Crossing Dr TL Bay Shore Loop on left

SUBDIVISION Bay Crossing BLOCK / SECTION _____ LOT 37 LOT AREA .96AC SITE CLASS 15 DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: ~~1000~~ 1500 Gallons; STB 528 Date 3/14/05

Pump Tank: 1000 Gallons; PT 17 Date 1/3/06

Pump Make: Goulds Model WE0 1012 NU Serial No. E05S4473

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 534

No Lines 7@76'± Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Pm conventional

Repair System Description: SAME OR 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

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

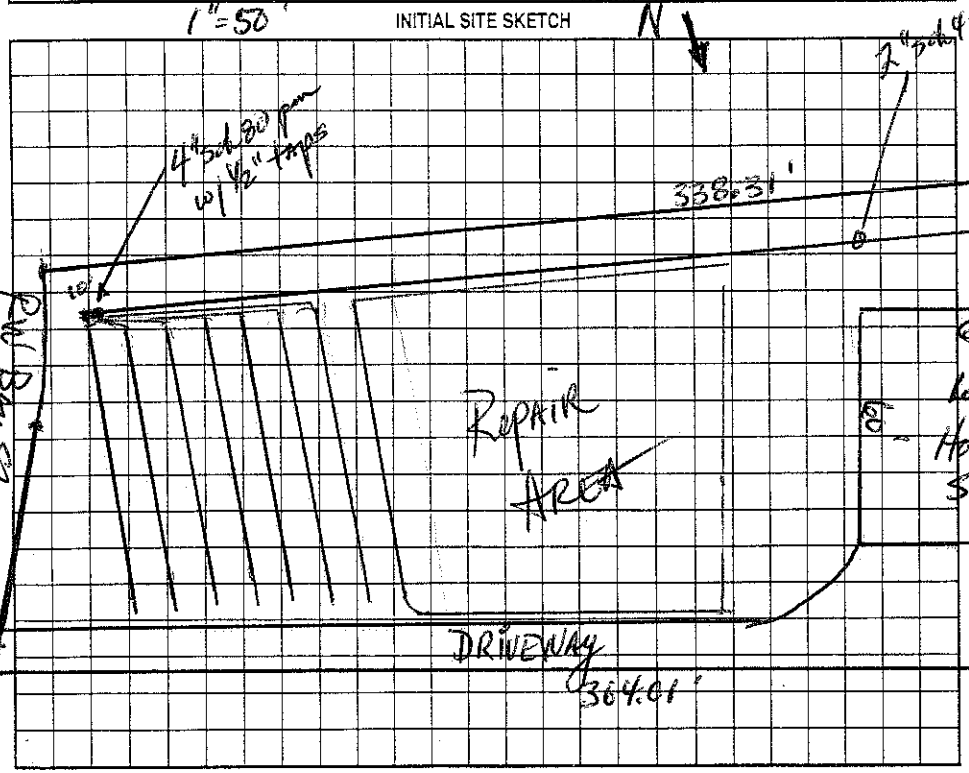
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions:

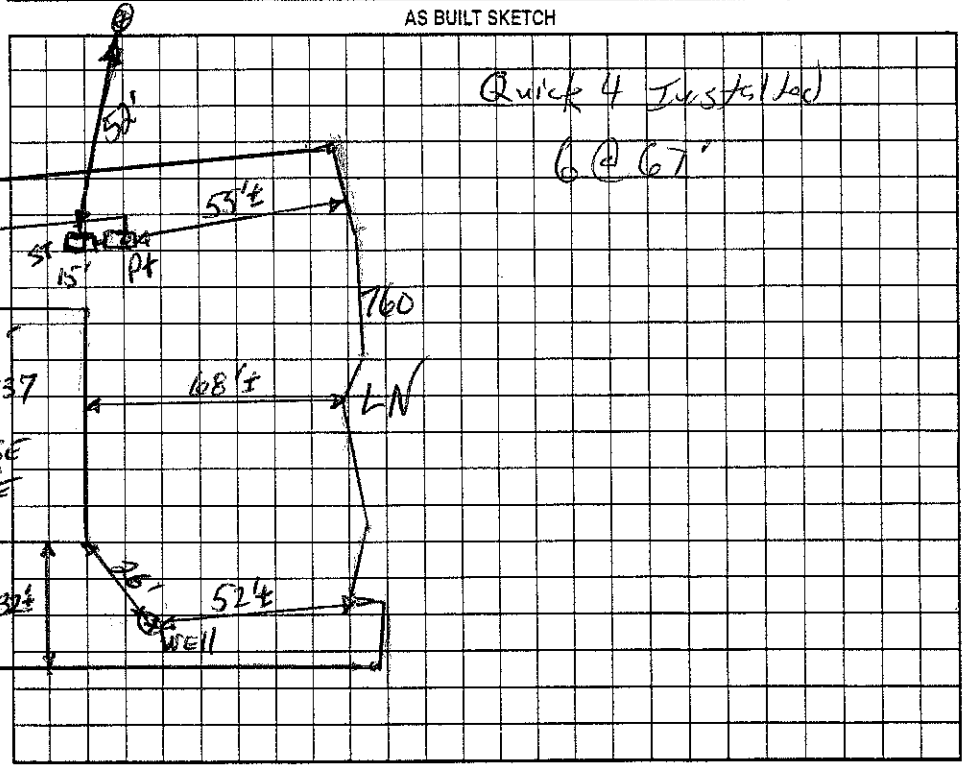
Comments/Conditions:

Lake Well Nitrifiltrators installed
Sprinkler heads all over drainfield area

1" = 50' 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: _____ Agent date 6/1/05 Installed by: Piedmont Backhoe

Improvement Permit by: _____ date 5-23-05 Operation Permit by: Wesley Sparks R.S. date 6/23/06

Authorization to Construct by: Wesley Sparks R.S. date 10/28/05 Existing System Inspection by: _____ date _____

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