IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121608 PIN# 4639615556.032 4639-61-0668 DATE 2-2-07

OWNER OR APPLICANT Victor Theobalds PHONE: Business 664-7999 Home 660-9085

ADDRESS 168 Kilborne Rd Mooresville, NC 28117

LOCATION Perth Rd N. TL Liva Ln TR Bay Crossing Drive TL Bay Shore Lp on left

SUBDIVISION Bay Crossing BLOCK / SECTION 1 LOT 32 LOT AREA 1.02 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 528 Date 9-25-07

Pump Tank: 1000 Gallons: PT 17 Date 9-29-07

Pump Make: Goulds Model 3111N Serial No.

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270'

No Lines 3@90' Trench Width Min 24" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

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

System Description: Pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ___ No. Employees ___

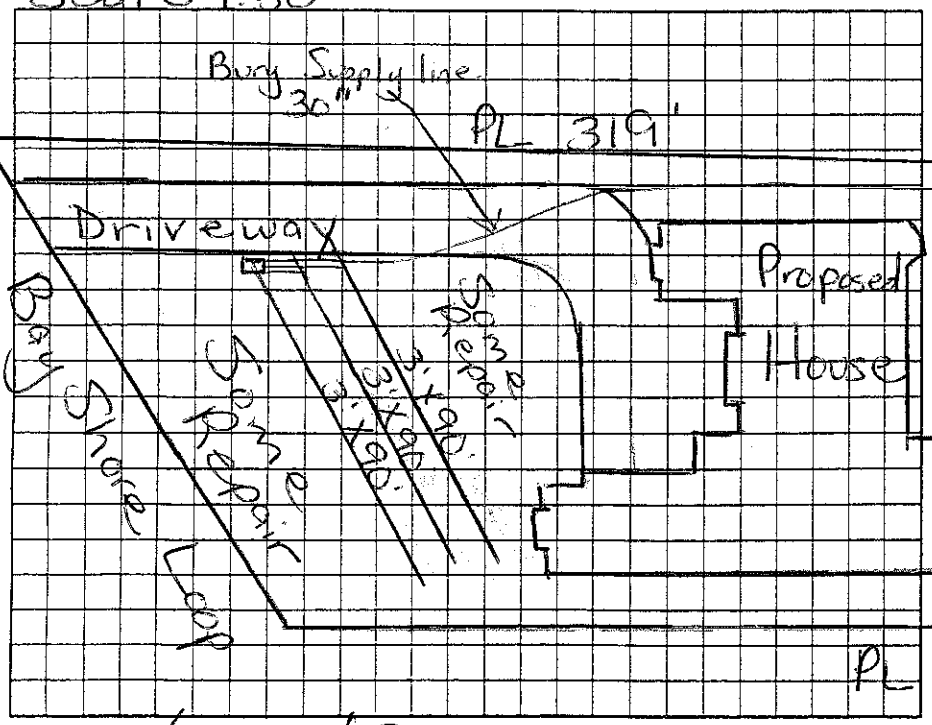
Water Supply: ☒ Individual ☐ Public ☐ Community

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

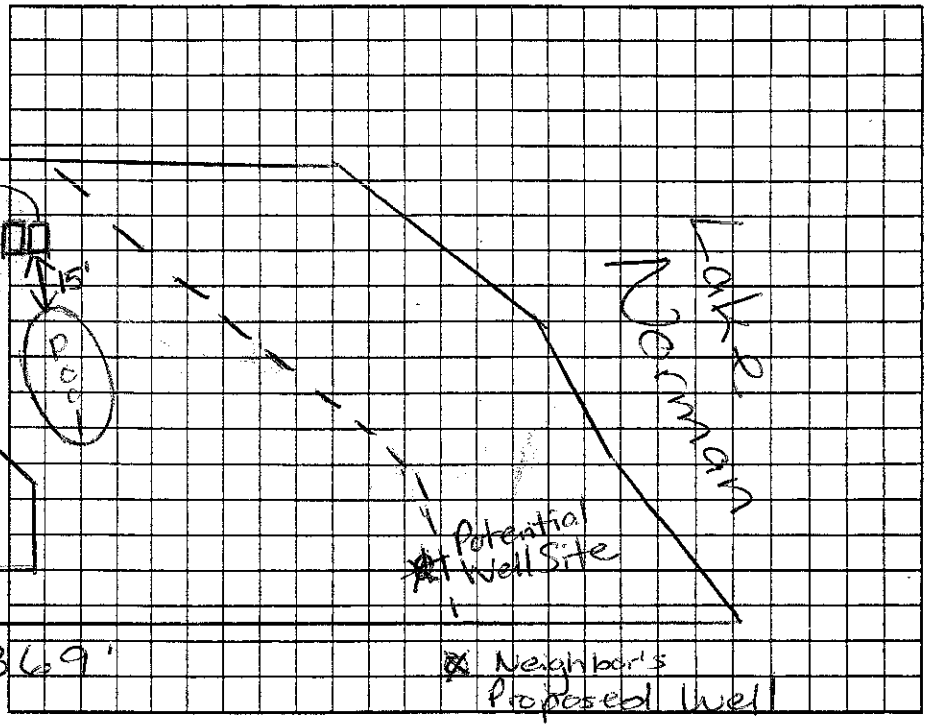
Comments/Conditions: * Follow Subdivision Septic requirements for Septic tank size & trench width

Comments/Conditions: * Use In line Filter in PT
3/16" hole drilled
1/8/08 Checked tanks & lines

Scale 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: [signature] date 2/5/07 Installed by: Craig Thompson

Improvement Permit by: Maria H. Dolson date 2/2/07 Operation Permit by: Maria H. Dolson date 4/9/08

Authorization to Construct by: Maria H. Dolson date 2/2/07 Existing System Inspection by: ___ date ___

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