IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12624 PIN# ~~4634-61-5556-873~~ 4639-61-2952 DATE 2/16/05

OWNER OR CONTRACTOR Kimberly James Homes PHONE: Business 704-235-1440 Home

ADDRESS PO Box 891 Davidson NC 28036

LOCATION Perth(N), TL Liva Ln, TR Bay Crossing, TL Bay Shore, on Rt.

SUBDIVISION Bay Crossing BLOCK / SECTION 1 LOT 93 LOT AREA 1.03 AC SITE CLASS. AS DESIGN FLOW 480 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 312 Date 10/29/05

Pump Tank: ~~1000~~ Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet 1200 Linear Feet 400

No Lines 5@30' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Gravity 25% Reduct

Repair System Description: Pump 25% Reduct

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

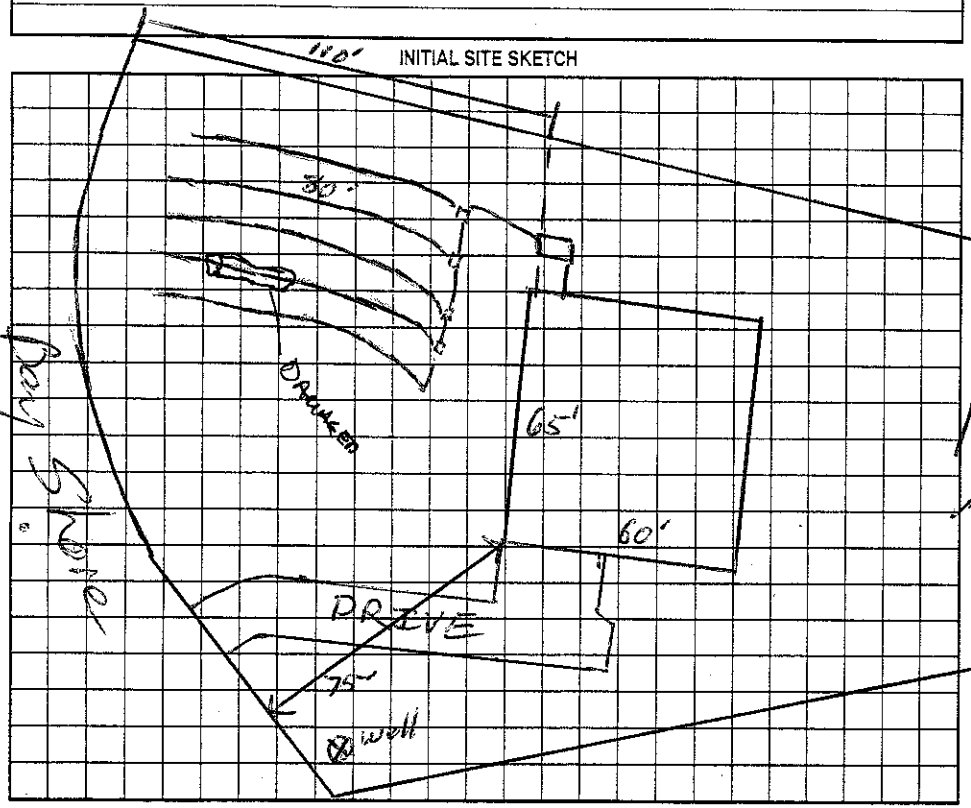
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

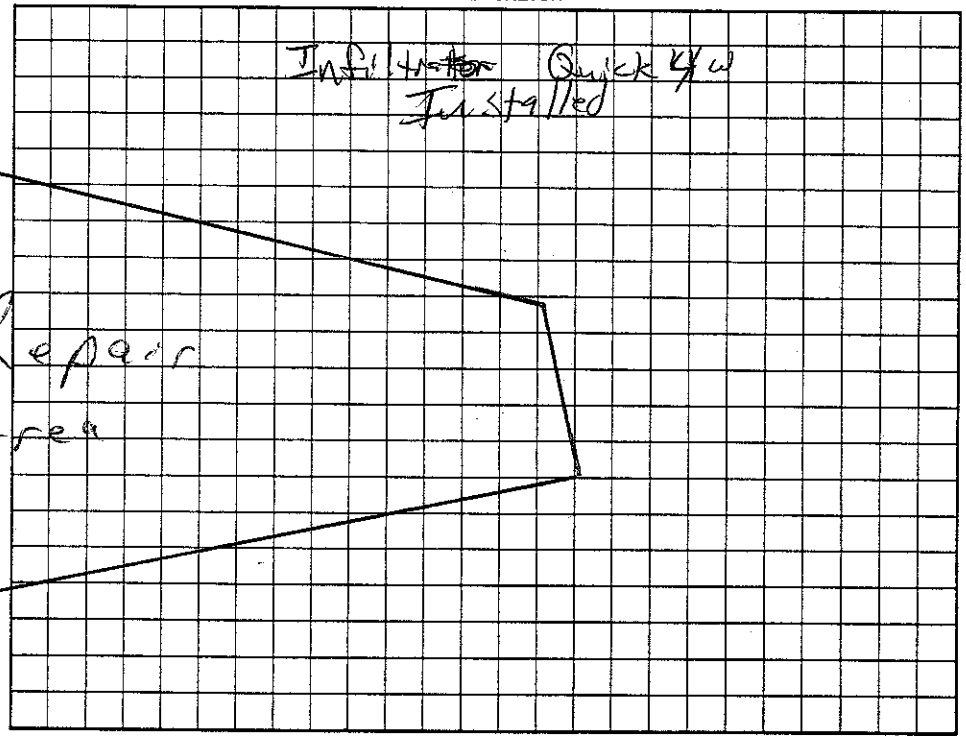
Comments:/Conditions:

Comments:/Conditions:

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 3/7/05 Installed by: Rose Man

Improvement Permit by: RS date 2/16/05 Operation Permit by: RS date 12/13/05

Authorization to Construct by: RS date 2/16/05 Existing System Inspection by: date

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