IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121623 PIN# 4639615556.092 4639-61-3884 DATE 11/9/04

OWNER OR CONTRACTOR HECHT PROPERTIES / BRADLEY CUSTOM PHONE: Business 483-4651 Home

ADDRESS 455 (N) HWY 16 - DENVER NC 28037

LOCATION PERTH RD (N) - TL LIVA LN - TR BAYCROSSING - TL BAYSHORE - ON RT

SUBDIVISION BAYCROSSING BLOCK / SECTION 1 LOT 92 LOT AREA .774c SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .300/RT

Septic Tank: ~~1000~~ 1500 Gallons; STB 444 Date 8/21/06

Pump Tank: 1000 Gallons; PT 283 Date 9/10/06

Pump Make: GOULDS Model WE0-712HU Serial No. 8/23/06

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

No Lines 3@90' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 0 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

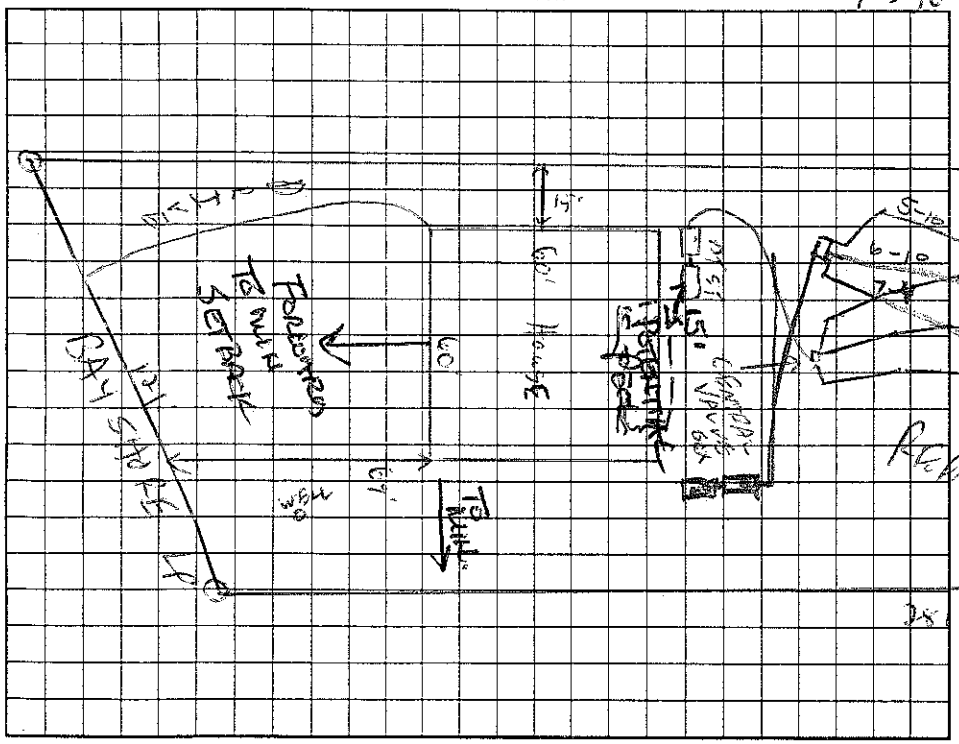
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ ~~Individual~~ ☐ Public ☐ Community

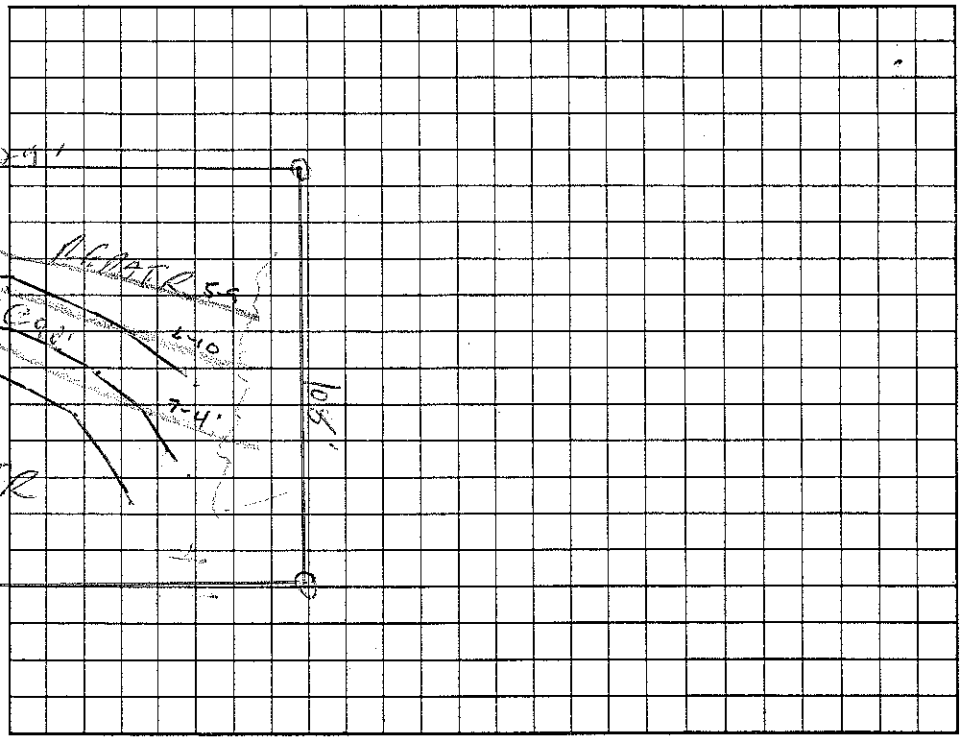
Comments:/Conditions:

Comments:/Conditions: 3/16" holes - 3' HEAD - 63 Panels

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: _____

Improvement Permit by: _____ date 11/9/04 Operation Permit by: _____ date 10/24/06

Authorization to Construct by: _____ date 3/23/06 Existing System Inspection by: _____ date _____

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