IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121627 PIN# 4639 61 5556.110 4639-61-6847 DATE 4/24/06

OWNER OR APPLICANT Preception Custom Homes PHONE: Business _____ Home _____

ADDRESS 194 22 Meta Rd 704 955-9028

LOCATION Path TL Liva, TR Bay Crossing on Lt before GoldenBell

SUBDIVISION Bay Crossing BLOCK / SECTION _____ LOT 110 LOT AREA 0.97 AC SITE CLASS. AS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: ~~1000~~ 1500 Gallons; STB 444 Date 4-2-06

Pump Tank: 1000 Gallons; PT 27 Date 3-10-06

Pump Make: Goulds Model WE0312M Serial No. D067233

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 — ☐ Gravity ☒ Pressure

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

System Description: LP Pad Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

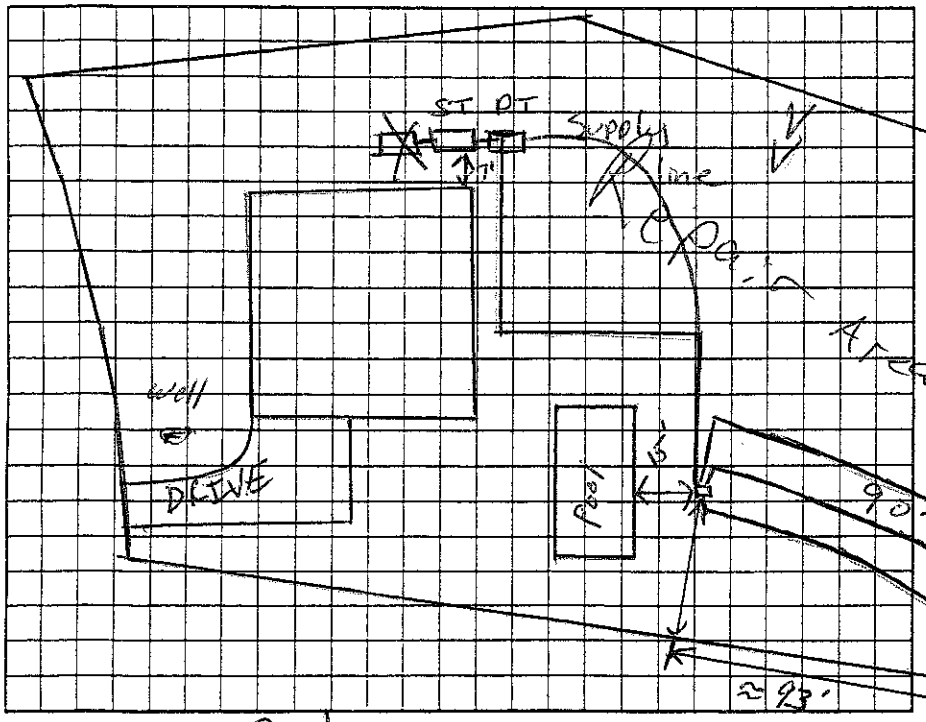
Water Supply: ☐ Individual ☐ Public ☐ Community

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

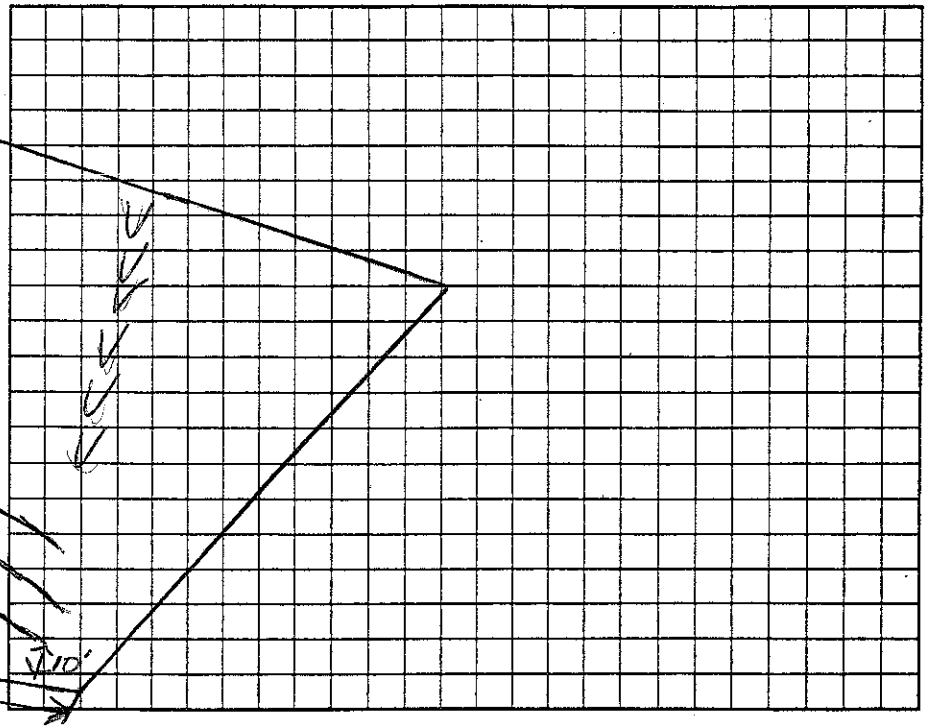
Comments:/Conditions:

Comments:/Conditions: Drilled 3/16" hole 21 panels per ditch Checked tanks & lines 5/23/06 MT

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 4-25-06 Installed by: Steve Jordon / Piedmont Backhoe

Improvement Permit by: _____ RS date 4/24/06 Operation Permit by: Wesley Sparks RS. date 6/23/06

Authorization to Construct by: _____ RS date 4/24/06 Existing System Inspection by: _____ date _____

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