# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12646 PIN# 4639 61 5556.085 4639-61-9533 DATE 11/9/04

OWNER OR CONTRACTOR HEIGHT PROPERTIES / John Harper PHONE: Business 453-3651 Home

ADDRESS 585 (N) HWY 16 DENVER NC 28037

LOCATION PERTH (S) - TR LIVA LN - TR BAYCROSSING - ON RT

SUBDIVISION BAYCROSSING BLOCK / SECTION 1 LOT 85 LOT AREA 1.5AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25/.10/1.5

Septic Tank: ~~1500~~ 1500 Gallons; STB 338 Date 5-6-05

Pump Tank: 1000 Gallons; PT 283 Date 5-3-05

Pump Make Goulds Model WE0712 Serial No.

Nitrification Field: No Fields 1 Square Feet 648 Linear Feet 324

No Lines 6@54' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LPP PANEL

Repair System Description: 25% REDUCTION OFFSITE Pumped

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

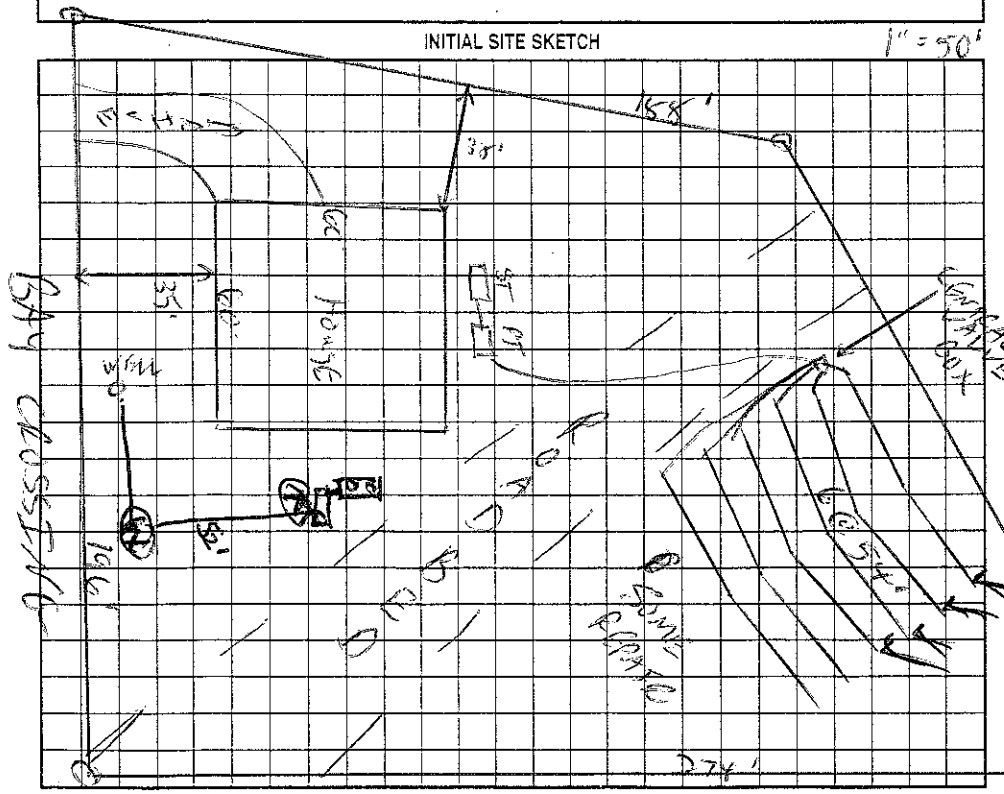
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: SEE MASTER COLOR CODED PLAT FOR OFFSITE REPAIR AREA SUPPLY LINE LOCATION AND REPAIR SITE

Comments:/Conditions:

6/15/05 Pit dug below Pump Tank - no Septic Tank found within 60' of ground surface Checked lower 2 lines 6/17/05 MD

INITIAL SITE SKETCH 1" = 50'




AS BUILT SKETCH

Elect & alarm Checked 6/17/05 MD

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: DC Construction

Improvement Permit by: _____ date 11/9/04 Operation Permit by: _____ date 11/10/05

Authorization to Construct by: _____ RS date 1/12/05 Existing System Inspection by: _____ date _____

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