IREDELL COUNTY HEALTH DEPARTMENT

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

4.00

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

PERMIT# 125322 PIN# 4639-61-3356.075 62-3196 DATE May 26, 05

OWNER OR CONTRACTOR Heath Properties Inc / Quest Homes PHONE: Business _____ Home _____

ADDRESS 885 N. Main St 16, Denver, N.C. 28037

LOCATION North Rd (N), TL Liva Lane TR Bay Crossing Dr. TL 1st Bay Shore Loop on Right

SUBDIVISION Bay Crossing BLOCK / SECTION _____ LOT 95 LOT AREA .71Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 528 Date 8-18-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3-4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity 25% Reduction "Recycle"

Repair System Description: LPP PBPS

Maintenance Agreement Required: ☐ Yes ☒ No Initially

Gravel Depth _____ ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

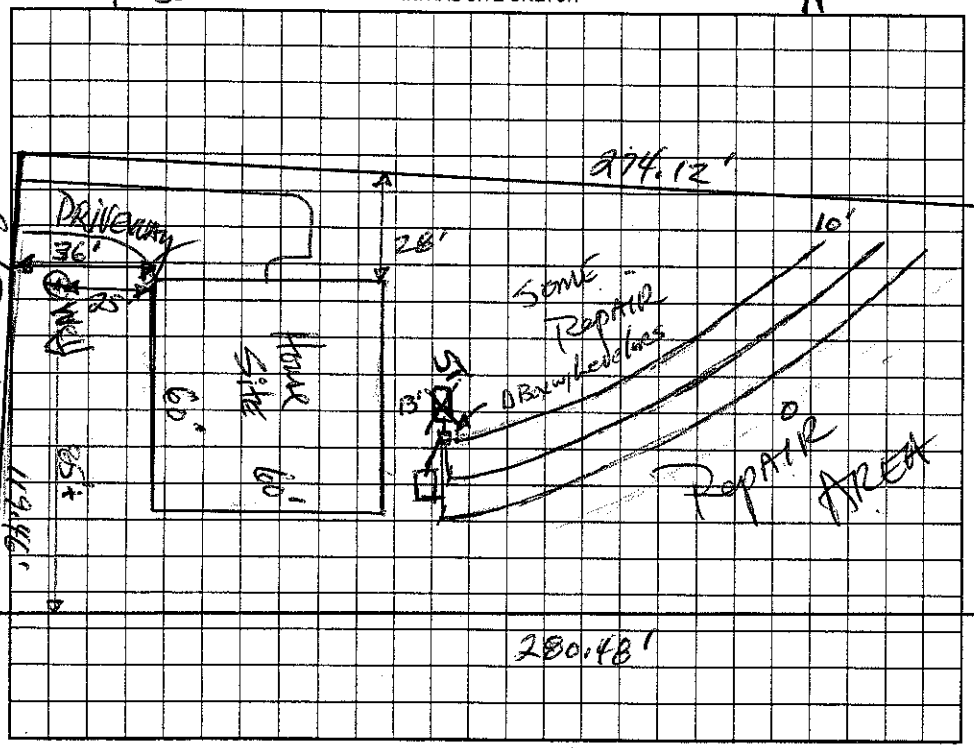
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

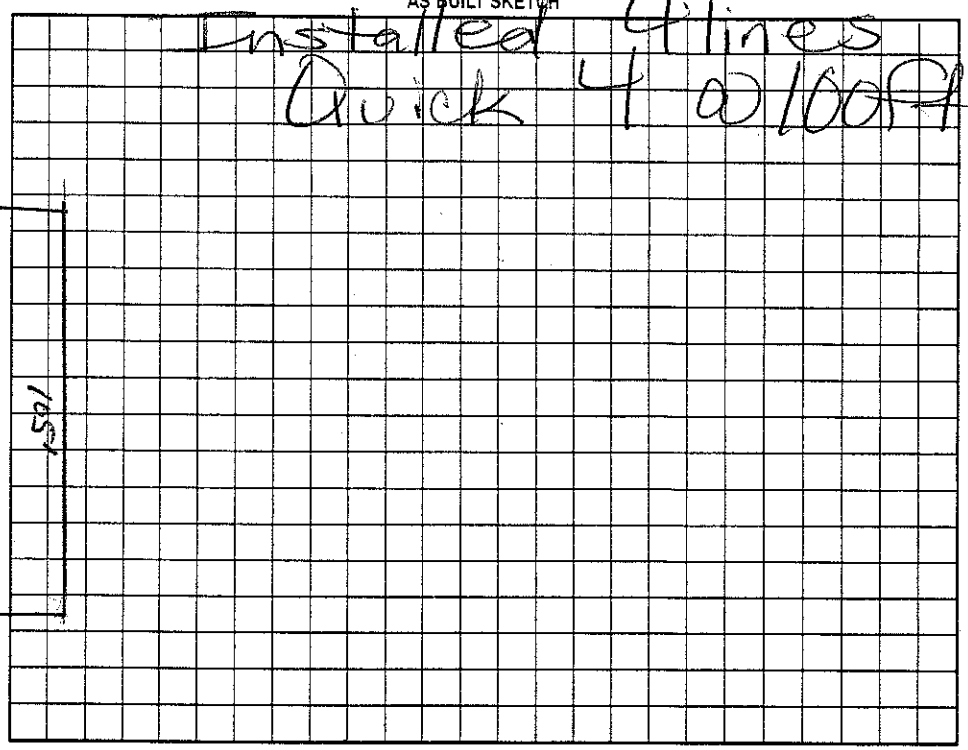
Comments:/Conditions: Reviewed Building plans & site plan; in compliance with original permit.

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50' N



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 6/1/05 Installed by: Craig Thompson RS

Improvement Permit by: _____ date 5-26-05 Operation Permit by: _____ date 5/17/07

Authorization to Construct by: _____ date 12/14/06 Existing System Inspection by: _____ date _____

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