IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE [illegible]3-5305 375 MOORESVILLE 704-664-5281 4100

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

PERMIT# 125278 PIN# 4639-61-5356.044 4639-62-3843 DATE May 25, 05

OWNER OR CONTRACTOR Heath Properties Inc. / LAMONICA BLDRS. PHONE: Business _____ Home _____

ADDRESS 885 N Hwy 16 Denver, NC. 28037

LOCATION Poth Rd. (N) TL Liva Lante TR Bay Crossing DR 1st TL Bay Shore Loop on right

SUBDIVISION Bay Crossing BLOCK / SECTION _____ LOT 44 LOT AREA ±.92 AC SITE CLASS. RS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 3-5-07
Pump Tank: 1000 Gallons; PT 38 Date 3-11-07
Pump Make: Gould's Model WE07.5HH Serial No. 566 3415
Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270
No Lines 3@90' Trench Width 24" min 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LPPPBPS
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☒ Yes ☐ No

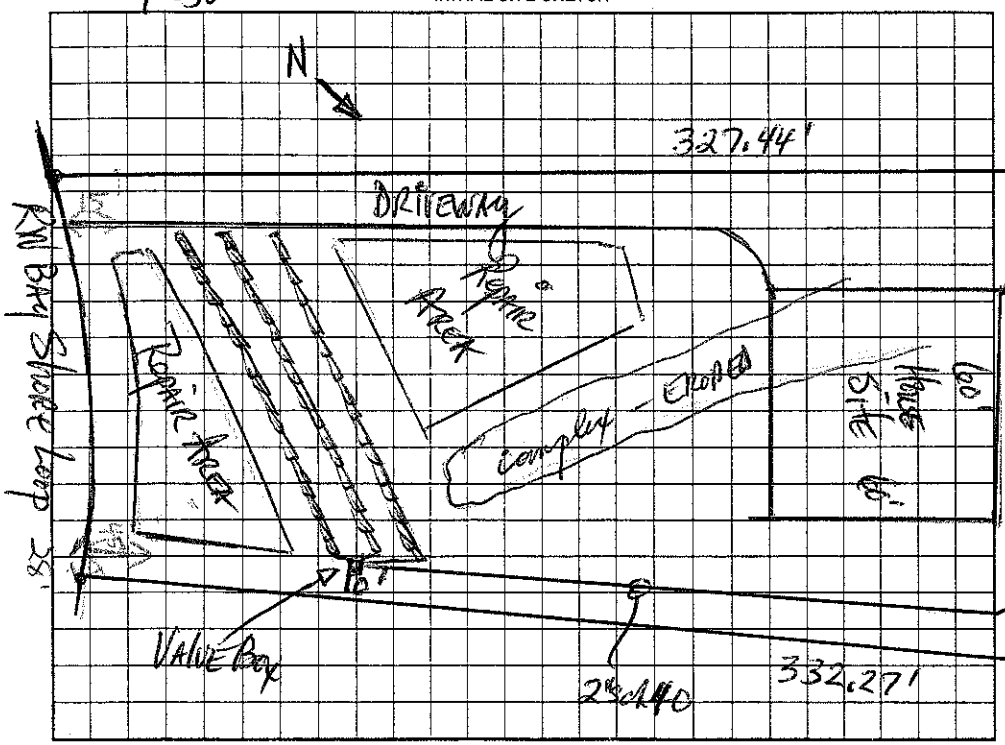
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

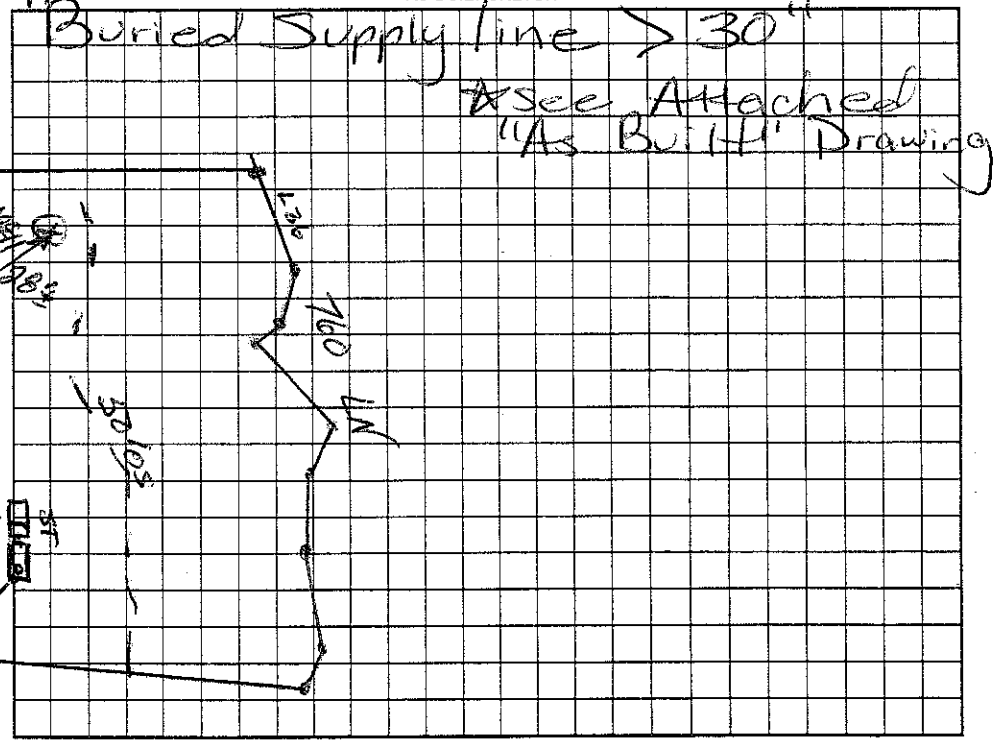
Comments:/Conditions: OK = 36" max 96c

Comments:/Conditions: Checked lines 4/26/07 MD
3/16" hole drilled
Set 3ft head 5/2/07 Checked tanks
pressure, elect & alarm.

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 6/1/05 Installed by: L.W. Orrison RS

Improvement Permit by: _____ date 5-25-05 Operation Permit by: Maria H. Dotson date 5/2/07

Authorization to Construct by: Wesley Speaks RS. date 6/6/06 Existing System Inspection by: _____ date _____

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125278 PIN# 4639615556.044 DATE

OWNER OR APPLICANT Lamonica Bld. PHONE: Business Home

ADDRESS

LOCATION

SUBDIVISION Bay Crossing BLOCK / SECTION LOT 44 LOT AREA .92Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet

No Lines 4 Trench Width Max Trench Bottom Depth Gravel Depth N/A ☐ Gravity ☒ Pressure

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

System Description:

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

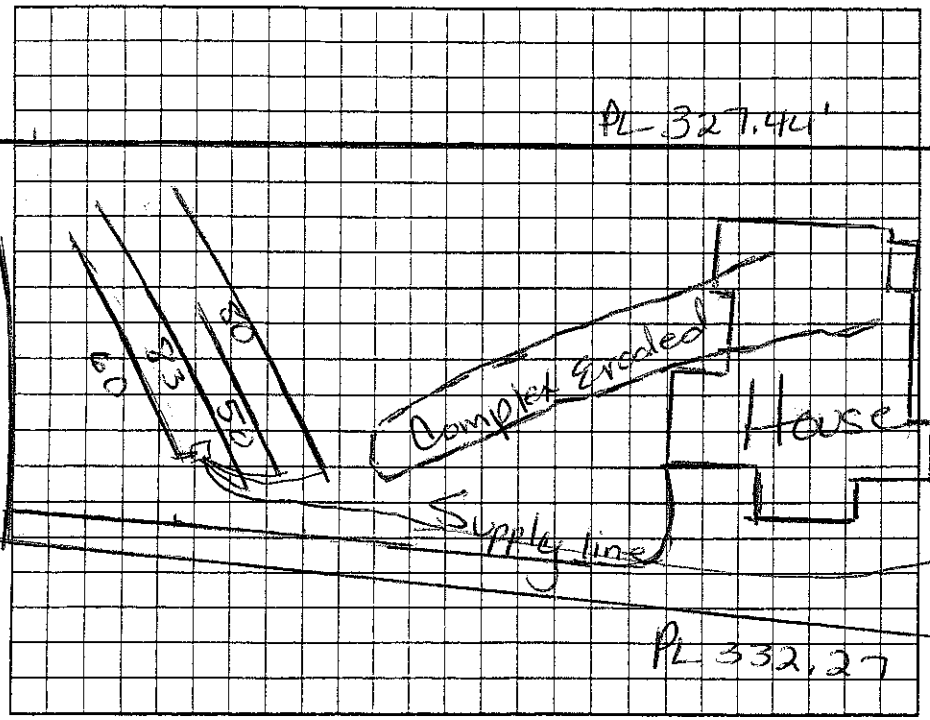
Water Supply: ☒ Individual ☐ Public ☐ Community

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

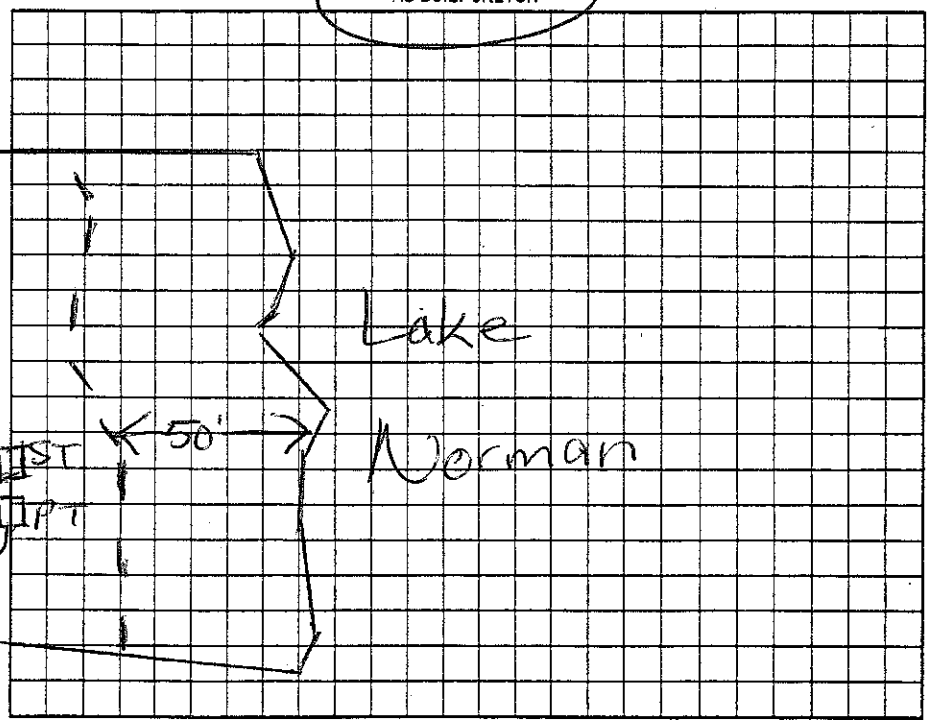
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



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Signed: date

Improvement Permit by: date

Authorization to Construct by: date

Installed by: C.W. Gibson RS

Operation Permit by: date 5/2/07

Existing System Inspection by: date

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