IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 375 MOORESVILLE 704-664-5281

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

PERMIT# 125280 PIN# 4639-61-5536.046 4639-62-4998 DATE May 25, 05

OWNER OR CONTRACTOR Heritage Communities Inc. / MARQUIS HOMES PHONE: Business _____ Home _____

ADDRESS 885 N. Hwy 16 Denver, N.C. 28037

LOCATION Rocky R.D. (N) TL Lisa Lane TR Bay Crossing Dr. to end TL Bay Shore Loop on Right

SUBDIVISION Bay Crossing BLOCK / SECTION _____ LOT 46 LOT AREA 0.81 Ac SITE CLASS. PS DESIGN FLOW 460gpd L.T.A.R. .3

Septic Tank: ~~Fiber~~ 1500 Gallons; STB 335 Date 5/26/06

Pump Tank: 1000 Gallons; PT 27 Date 8/29/06

Pump Make: Myers Model ME100P Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540/810 Linear Feet 270

No Lines 5 Trench Width 24" min 26" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LPPBPS

Repair System Description: LPPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

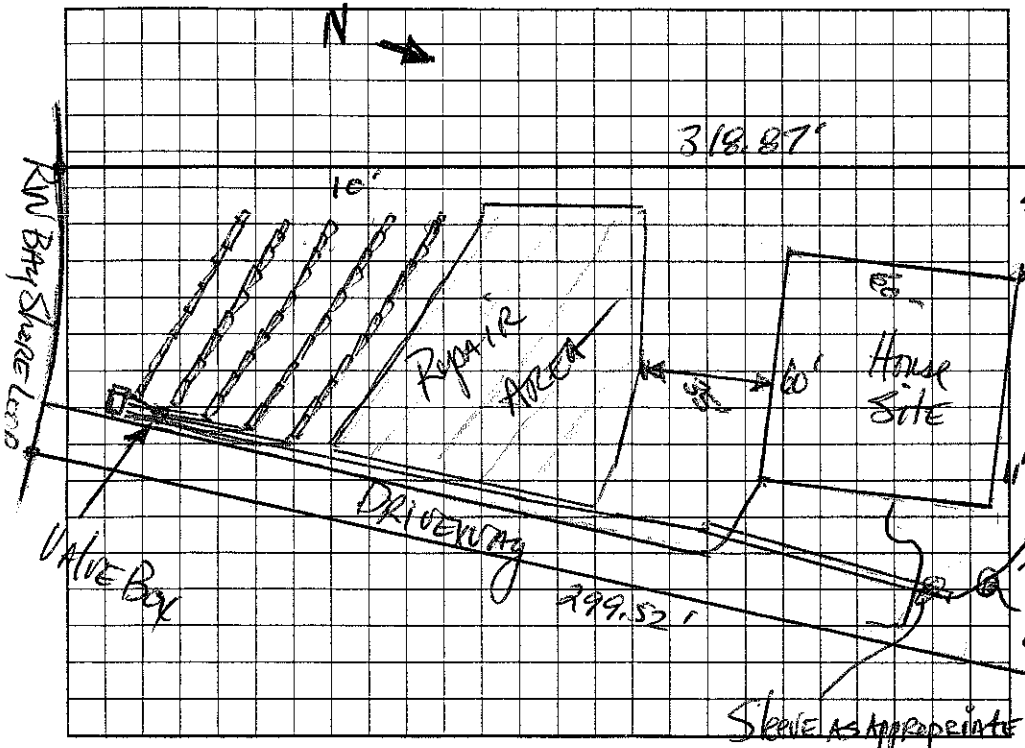
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

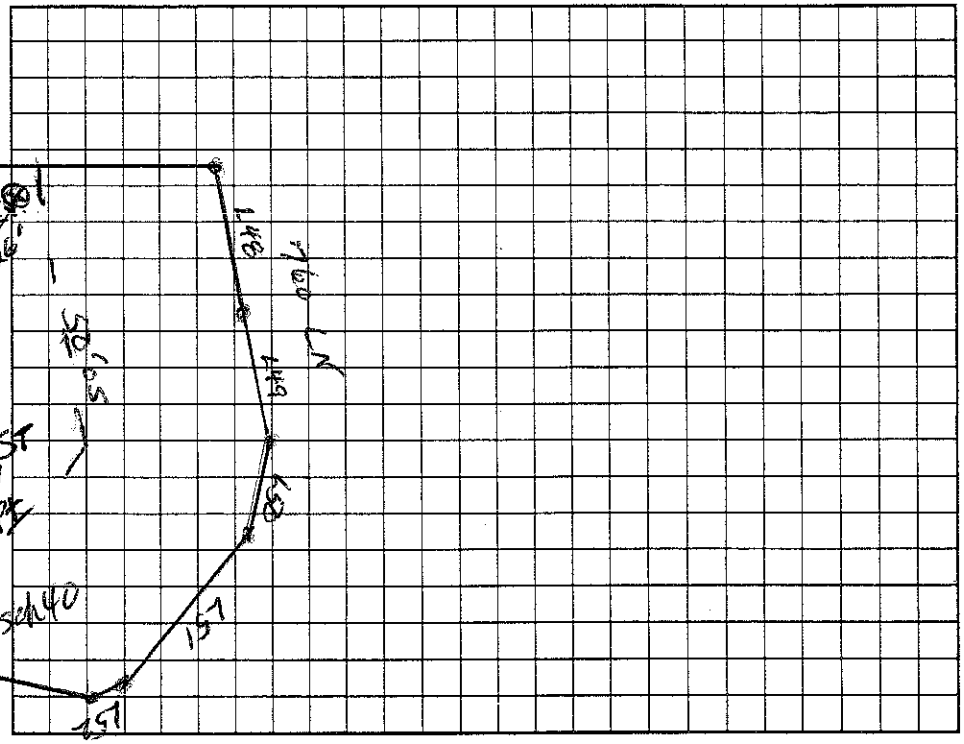
Comments:/Conditions: OK = 36" max 9'oc

Comments:/Conditions:

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: Tony Wyatt, CHS date 6/1/05

Improvement Permit by: D. Hanson, I.A. date 5-25-05

Authorization to Construct by: Wesley Sparks R.S. date 10/7/05

Installed by: Per Marcella Dotson R.S. for Wesley Sparks date 12/13/06

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

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