IREDELL COUNTY HEALTH DEPARTMENT

ESVILLE 704-878-5305 MOORESVILLE 704-664-5281 2130

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

PERMIT# 122188 PIN# 4639.~~[illegible]~~.10T 62-6131 DATE 11/9/07

OWNER OR CONTRACTOR HEWITT PROPERTIES / LaMonica PHONE: Business 483-3651 Home

ADDRESS 885 N HWY 16 DENVER NC 28037

LOCATION PERTH (N) - TL LIVA LN - TR BAYCROSSING - TL GOLDEN BELL - AT END

SUBDIVISION BAYCROSSING BLOCK / SECTION 1 LOT 109 LOT AREA .84AC SITE CLASS. CS DESIGN FLOW 480GPD L.T.A.R. .36 AC/FT

Septic Tank: 1000 Gallons; STB 404 Date 8-17-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

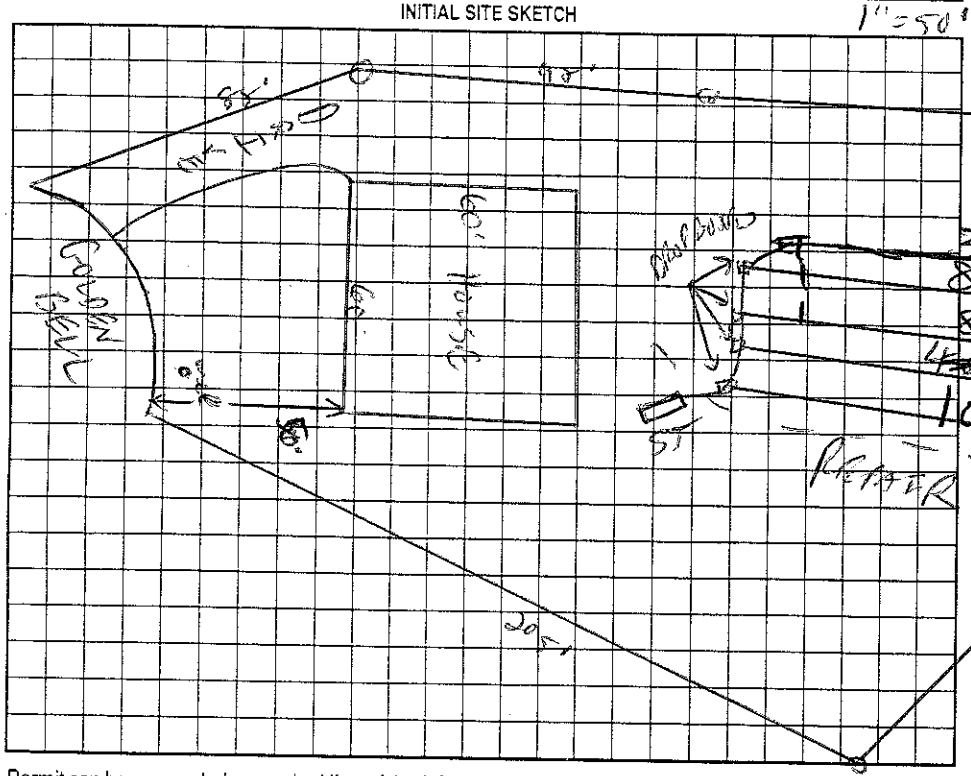
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

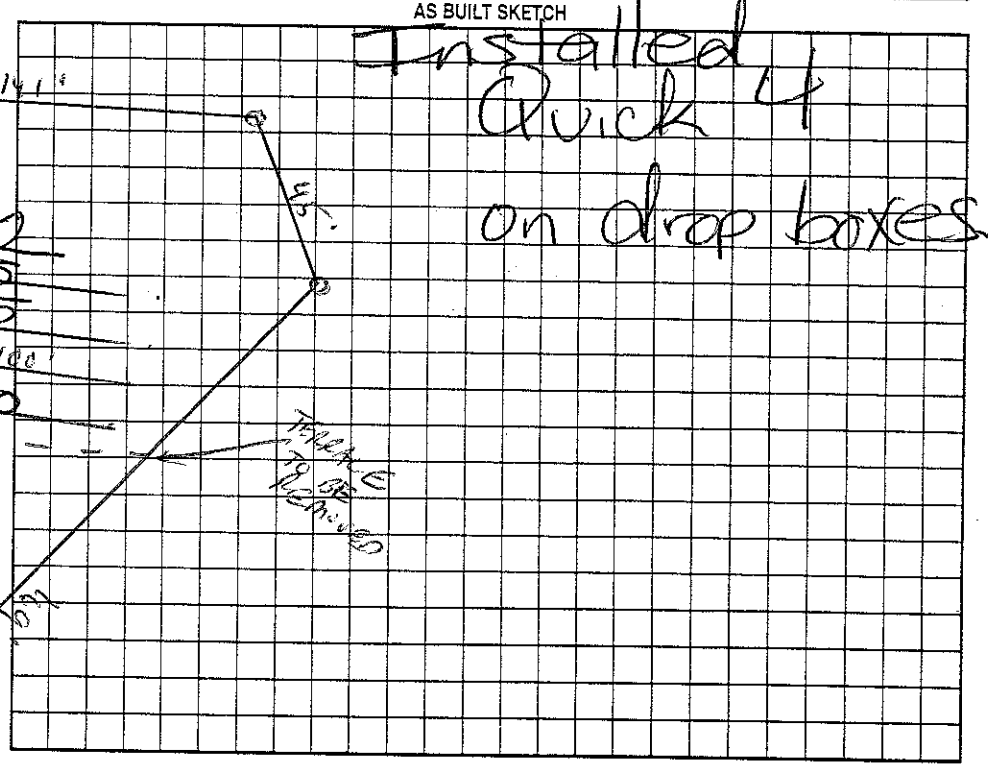
Comments:/Conditions: 8/27/07 Okay to install Initial System in 5 lines & Shorten Drainlines to make room for small pool. MD

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Installed Quick 4 on drop boxes



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 11-27-07

Improvement Permit by: ____ date 11/9/07

Authorization to Construct by: ____ date 1/18/07

Installed by: C. Wayne Addison

Operation Permit by: ____ date 8/28/07

Existing System Inspection by: ____ date ____

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