IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12600 PIN# 4639 61 5556.105 4639-62-9181 DATE 11/9/06

OWNER OR CONTRACTOR HEIGHT PROPERTIES/LAMONICA PHONE: Business 483-3651 Home

ADDRESS 885 (N) HWY 16 DENVER NC 28037

LOCATION PERTH(S) - TR LIVA LN - TR BAY CROSSING - TL GOLDEN BELL - ON RT CORNER

SUBDIVISION BAY CROSSING BLOCK / SECTION 1 LOT 105 LOT AREA .65AC SITE CLASS PS DESIGN FLOW 450GPD L.T.A.R. .50/.50

Septic Tank: 1000 Gallons; STB 444 Date 2/27/07

Pump Tank: 1000 Gallons; PT 283 Date 2/28/07

Pump Make: Goulds Model ~~VLEO-3122MM~~ Serial No. 2/07

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 250

No Lines ~~4 3~~ Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: LP PANEL

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

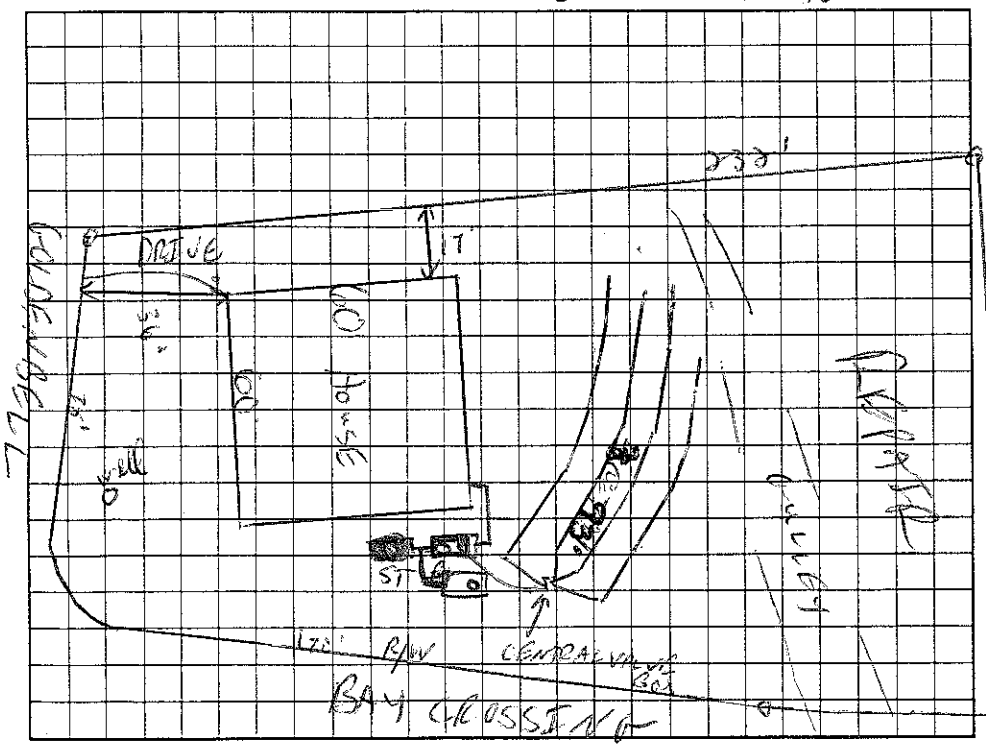
Comments:/Conditions: FILL GULLEY WITH DEBRIS FREE PS SOIL

8/2/06 - House location adjusted - OK HWS,

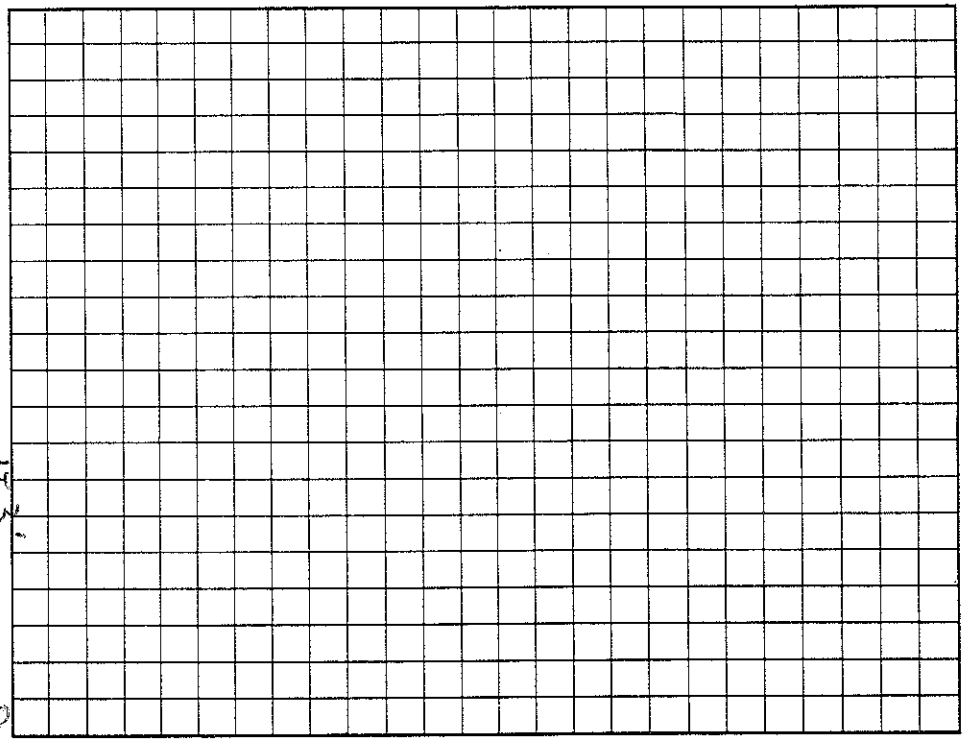
Comments:/Conditions: Lines, Valves,

Maintenance by Stanley Septic Service

INITIAL SITE SKETCH 1" = 50'



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 11-22-06 Installed by: Calhoun & Sons

Improvement Permit by: _____ date 11/9/06 Operation Permit by: Wesley Sparks R.S. date 5/17/07

Authorization to Construct by: Wesley Sparks R.S. date 8/9/06 Existing System Inspection by: _____ date _____

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