IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 4 MOORESVILLE 704-

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPEC...

PERMIT# 125288 PIN# 4639-61-5556.050 62 98170 DATE 5-17-05

OWNER OR CONTRACTOR Heath Properties Inc / JAG CONST. PHONE: Business _____ Home _____

ADDRESS 825 N. Hwy 16 Denver, N.C. 28037

LOCATION ISOW TR Perth Rd. (N.) TL Liva Lane TR Bay Crossing DR. TL Bayshore Loop on Right

SUBDIVISION Bay Crossing BLOCK / SECTION _____ LOT 50 LOT AREA .77Ac SITE CLASS. RS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Min Gallons; STB 338 Date 9-12-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity 25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ Yes ☒ No initially

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

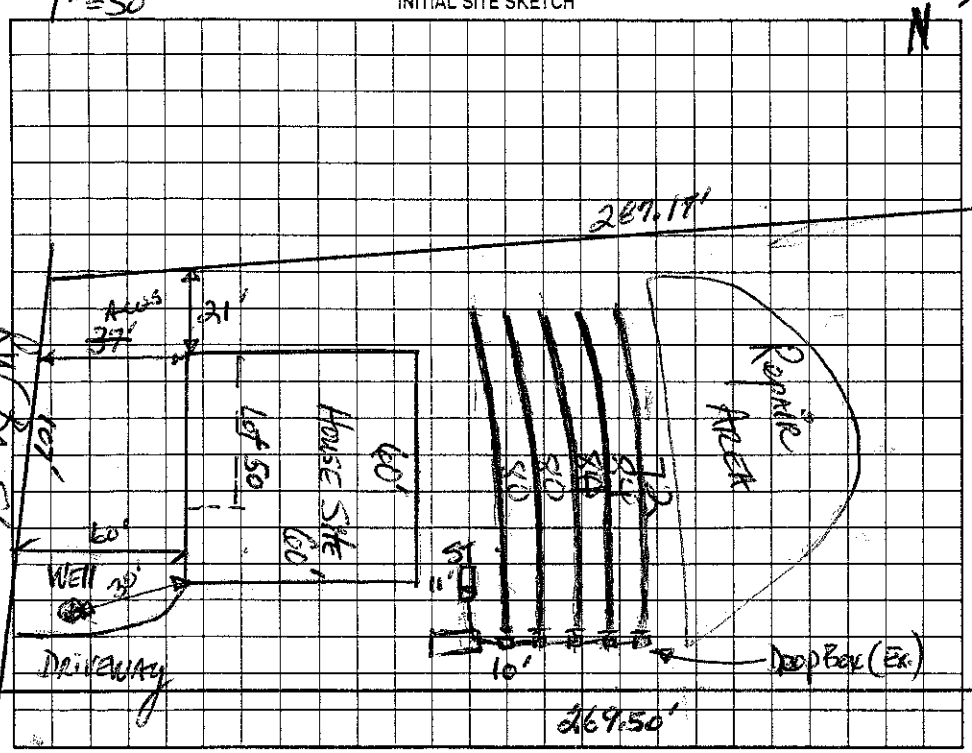
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: See Attached Site Plan
house relocated, 60' from R/W to Drive

Comments:/Conditions:

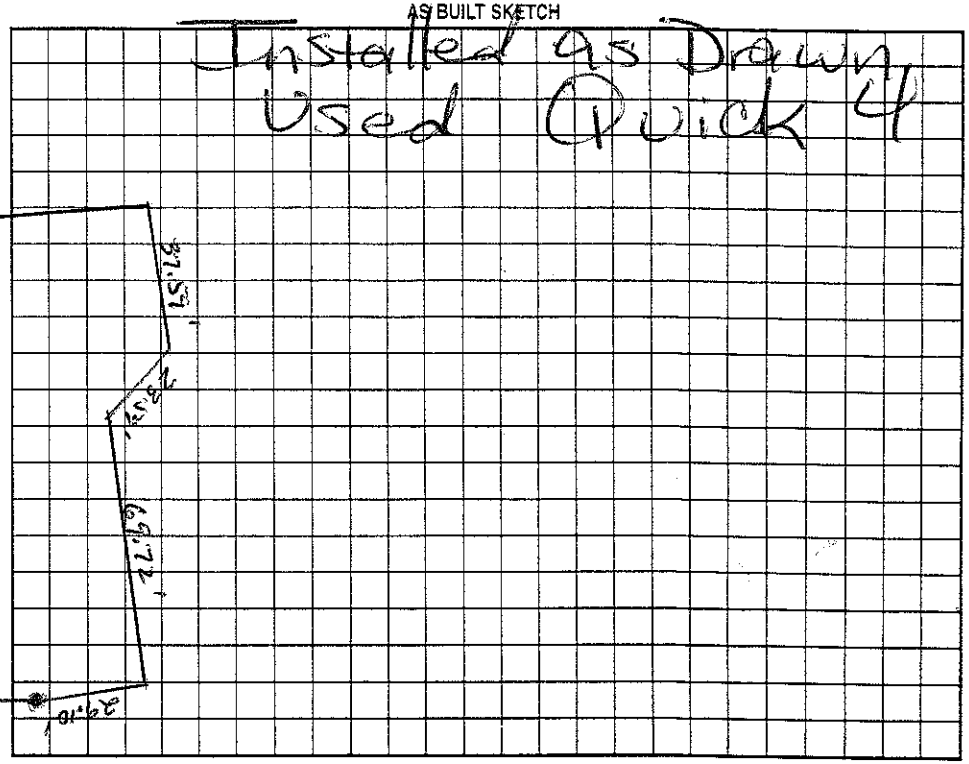
1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn
Used Quick 4



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: A&S Excavating

Improvement Permit by: _____ date 5-17-05 Operation Permit by: _____ date 11/21/06

Authorization to Construct by: _____ date 5/17/06 Existing System Inspection by: _____ date _____

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

Tommy 704 263-1477