IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid Ck MOORESVILLE 704-664-5381

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

PERMIT# 121648 PIN# 4639 61 5556.089 4639710370 DATE 6/10/05

OWNER OR CONTRACTOR Carolina Lake Homes LLC PHONE: Business 704-200-6518 Home

ADDRESS 128 Bay Hollow Lane Mooresville, NC. 28117

LOCATION Perth N TL Liva Ln. TR Bay Crossing on (R) first intersection

SUBDIVISION Bay Crossing BLOCK / SECTION 1 LOT 87 LOT AREA 1.33Ac SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 2/24/06
Pump Tank: 1000 Gallons; PT 283 Date 9/4/05
Pump Make: Gould Model WE63P1NH Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80' Trench Width 3' Max Trench Bottom Depth 3 Gravel Depth No

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM → 25% Reduced
Repair System Description: Pressured 16"PPBAS
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

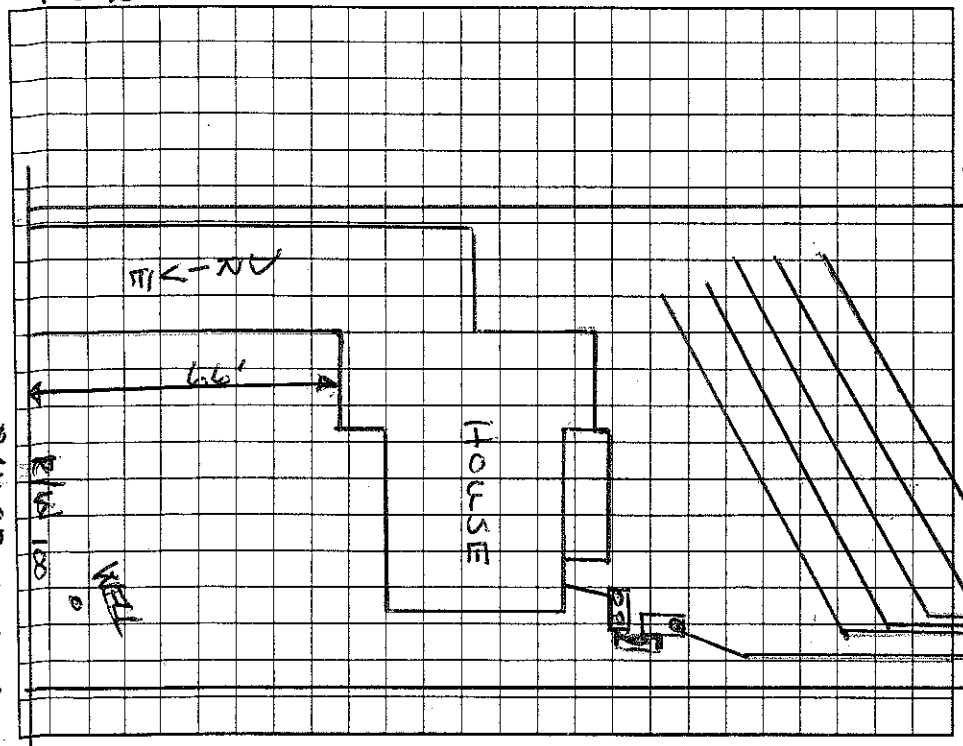
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Accepted System may be used.

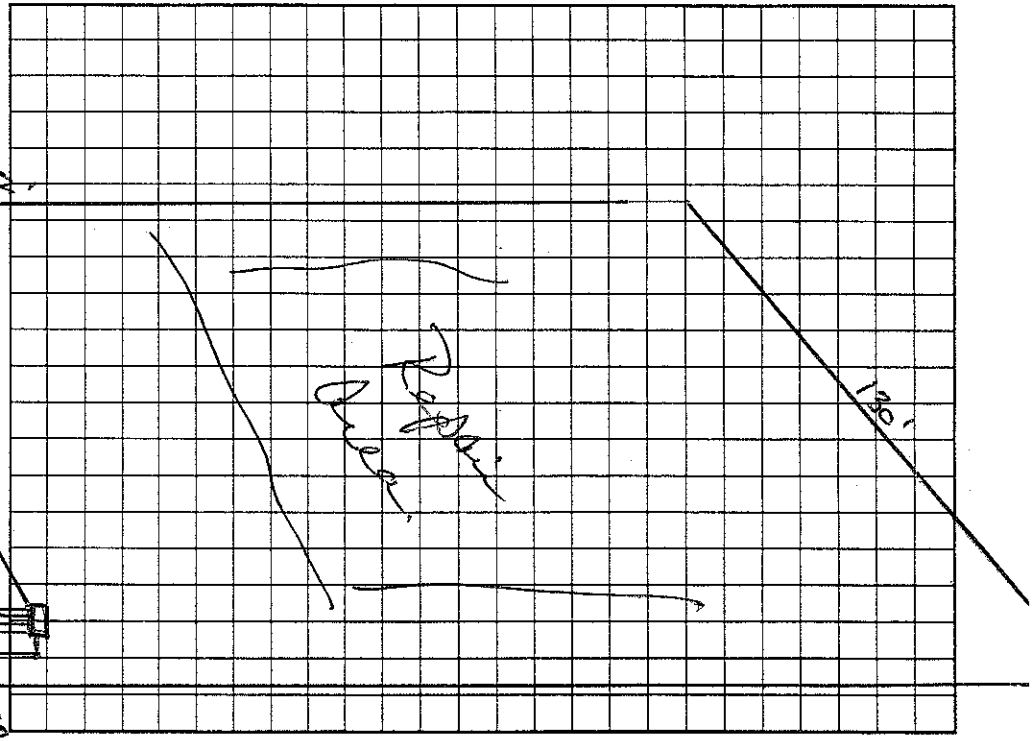
Comments:/Conditions: Infiltrator installed "Quick 4" *Need to caulk

1"=40'

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: *[signature] / Carolina Lake Homes date 6/20/05

Improvement Permit by: Wesley Sparks R.S. date 6/10/05

Authorization to Construct by: Wesley Sparks R.S. date 6/10/05

Installed by: R. Plumbing

Operation Permit by: Maria H. Dotson R.S. date 10/13/06

Existing System Inspection by: date

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