IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12164 7 PIN# 4639 61 5556.086 4639-71-0400 DATE 11/9/04

OWNER OR CONTRACTOR HECHT PROPERTIES / RS GREER BLDRS PHONE: Business 483-3651 Home

ADDRESS 555 (N) HWY 16 DENVER NC 28037

LOCATION PERTH (S) - TR LIDA LN - TR BAYCROSSING - ON RT

SUBDIVISION BAY CROSSING BLOCK / SECTION 1 LOT 86 LOT AREA 1.13ac SITE CLASS. PS DESIGN FLOW 450GPD L.T.A.R. .3 060 ft²

Septic Tank: ~~1000~~ 1500 Gallons; STB 335 Date 7/3/05

Pump Tank: 1000 Gallons; PT 27 Date 8/26/05

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 560 Linear Feet 280

No Lines 5@35' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth MA

☑ 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:

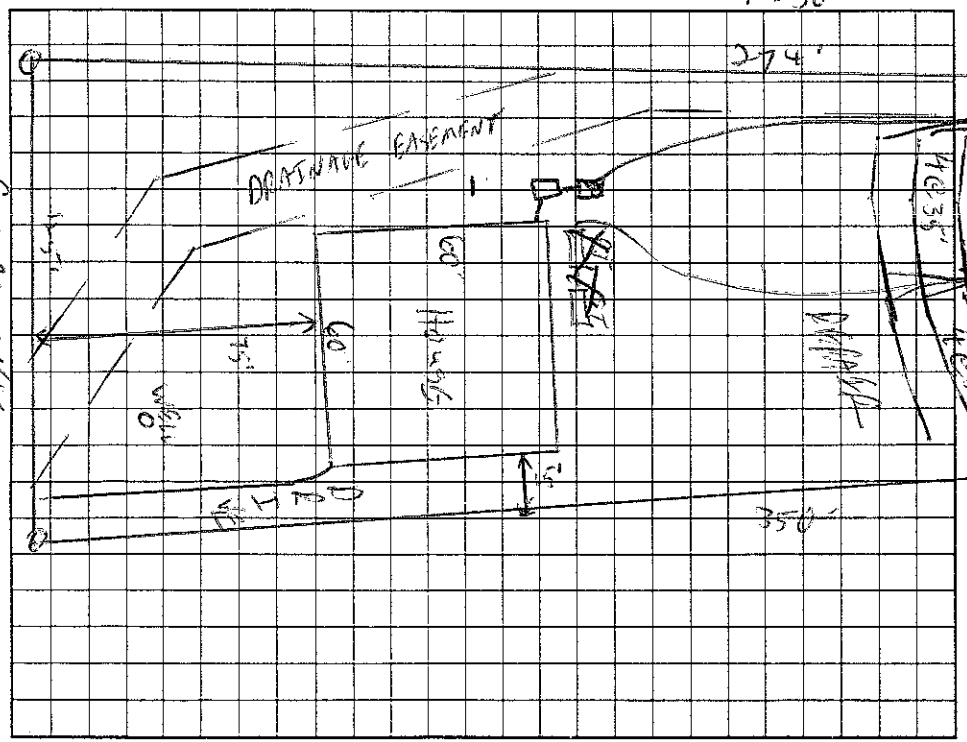
Comments:/Conditions:

56 Panels 5/32"

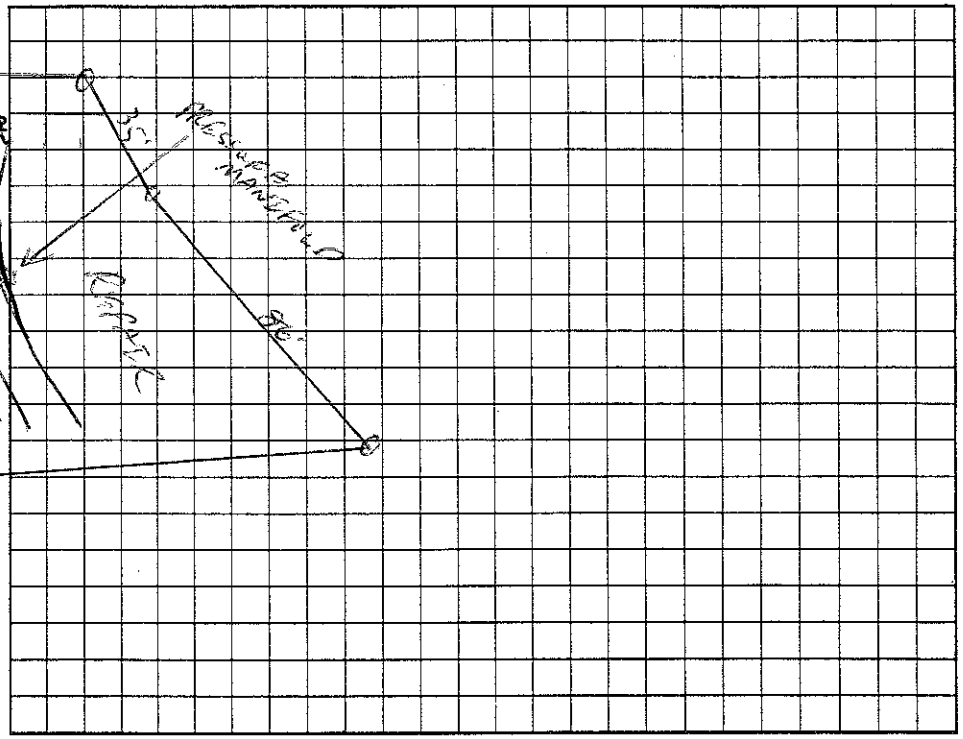
Tanks & lines checked by GM 10/4/05

Pressure Test Taken 3/7/06 MD

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 11-22-04

Improvement Permit by: _____ RS date 11/9/04

Authorization to Construct by: Wesley Sparks RS date 3/15/05

Installed by: Abernathy

Operation Permit by: Mark Dobson RS date 3/9/06

Existing System Inspection by: _____ date _____

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