71-0662 9:30-10?

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122202 PIN# 4639-15-5556.083 Mike Office DATE 11-9-05

OWNER OR APPLICANT Kearey Construction PHONE: Business 201-0200 Home 883-9811

ADDRESS P.O. Box 5199 Statesville, NC 28687

LOCATION Perth Rd N TL Liva Ln TR Bay Crossing TR Tea Olive on right

SUBDIVISION Bay Crossing BLOCK / SECTION 1 LOT 83 LOT AREA .71 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 10-9-05

Pump Tank: 1500 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"

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: Pump-Lp-Panel Blk

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

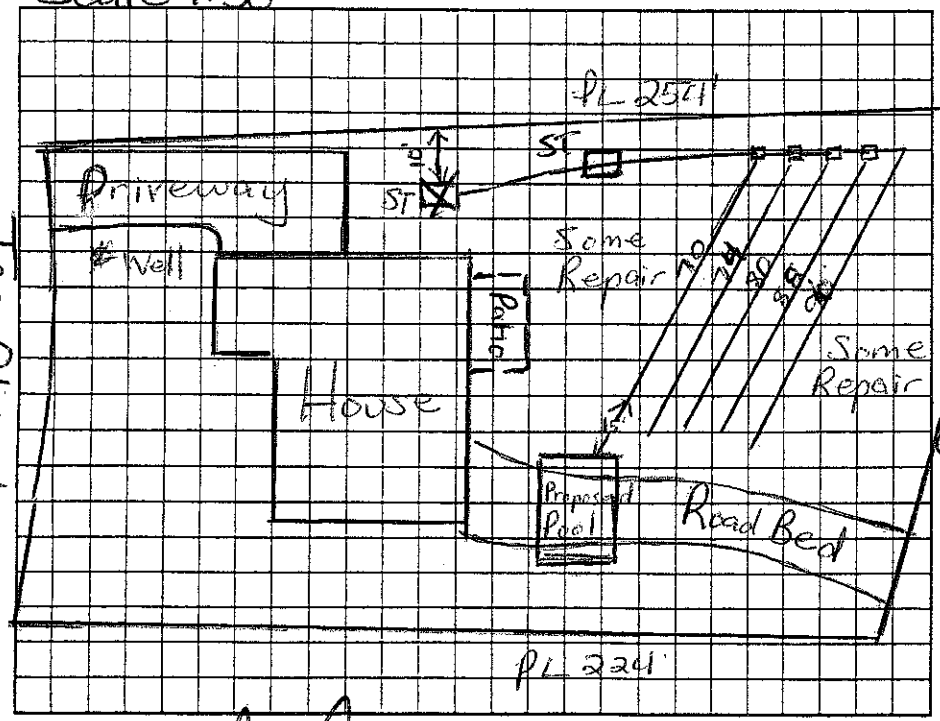
Water Supply: [X] Individual [ ] Public [ ] Community

Gravel Depth N/A [X] Gravity [ ] Pressure [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: * Must keep future pool (cut) 15' From Septic System & repair. Keep drainfield 15ft from any cut 2ft or greater.

Scale 1:50 INITIAL SITE SKETCH



AS BUILT SKETCH

Installed "Quick 4" Plastic Chambers Essentially as Drawn

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] date 11-9-05 Installed by: Richard Abernathy

Improvement Permit by: Maria H. Colson RS date 11/9/05 Operation Permit by: Maria H. Colson RS date 11/14/05

Authorization to Construct by: Maria H. Colson RS date 11/9/05 Existing System Inspection by: ____ date ____

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