450.00 Pa.Q 1:50

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121628 PIN# 4639711954 DATE 3-3-06

OWNER OR APPLICANT Plattner Custom Builders PHONE: Business 363-6005 Home

ADDRESS P.O. Box 1138 Davidson NC 28036

LOCATION Perth Rd North TL Liva Ln TR Bay Crossing TR Tea Olive on left Corner

SUBDIVISION Bay Crossing BLOCK / SECTION 1 LOT 67 LOT AREA 1.04 Acres SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Taylorsville

Septic Tank: ~~500~~ 1000 Gallons; STB 528 Date 8-12-05

Pump Tank: 1000 Gallons; PT 17 Date 2-4-06

Pump Make: Goulds Model WE0312MU Serial No. 56533212

Nitrification Field: No Fields 1 Square Feet 560-840' Linear Feet 280'

No Lines 4 @ 70' Trench Width *See note Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

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

Water Supply: ☒ Individual ☐ Public ☐ Community

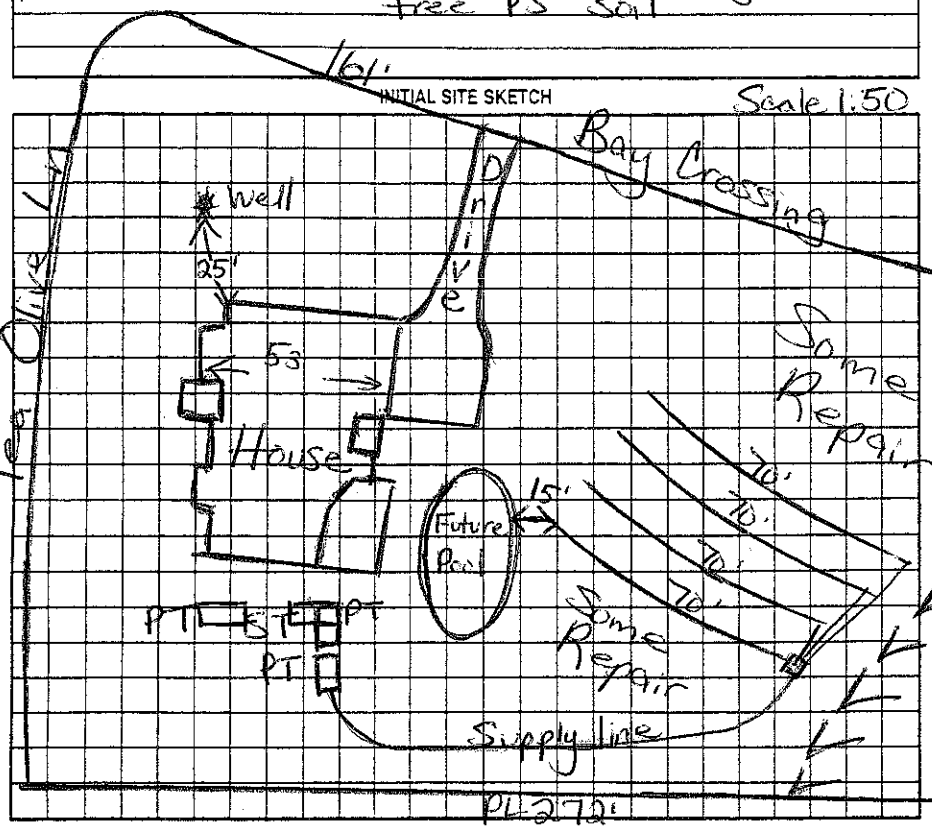
☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: * Note: Clean then fill Gulley with Debris free PS soil

Comments/Conditions: * Refer to Subdivision Specifications regarding trench width

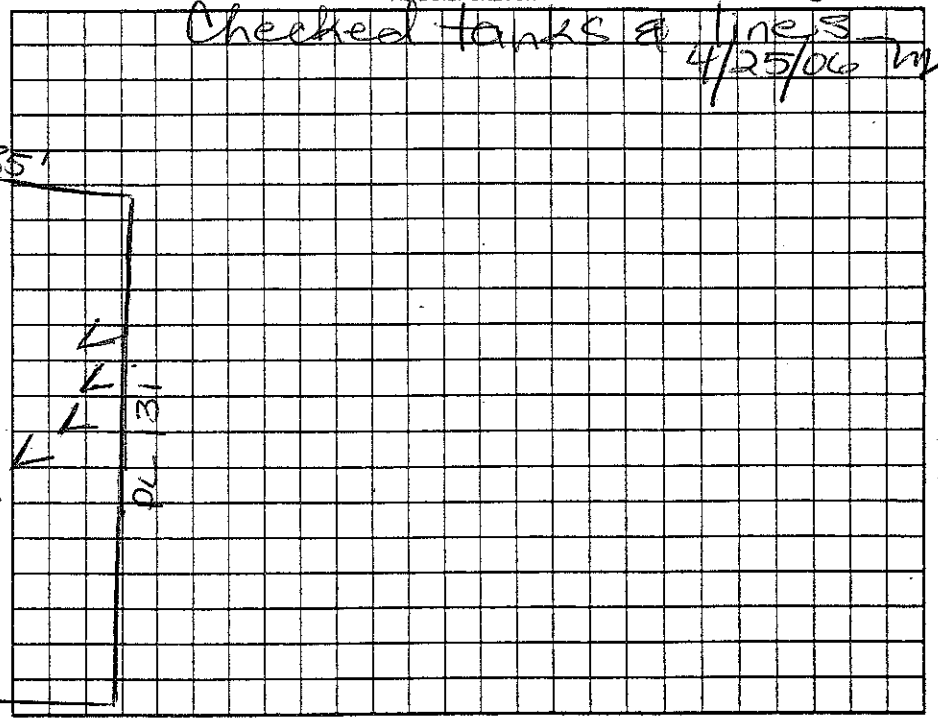
** Keep future pool at least 15' from Septic System

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH

Checked tanks & lines 4/25/06 MD



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 _____

Improvement Permit by: Maria H. Dolan RS date 3/3/06

Authorization to Construct by: Maria H. Dolan RS date 3/3/06

Installed by: A-1 Backhoe

Operation Permit by: _____ RS date 5/11/06

Existing System Inspection by: _____ date _____

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