IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122199 PIN# 4639-61-5556.080 New Pin # 4639714439 DATE 12-11-07

OWNER OR APPLICANT Rick Constable PHONE: Business 704-622-0348 Home 704-947-8983

ADDRESS 15822 Bayshore Dr. Huntersville NC 28078

LOCATION Perth Rd N TL Liva Ln. TR Baycrossing TR Tea Olive on right

SUBDIVISION Baycrossing BLOCK / SECTION 1 LOT 80 LOT AREA .83 Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3 gpd/ft2

Septic Tank: 1000 Gallons; STB 528 Date 7/8/08

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% reduction gravity

Repair System Description: LP PPRPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

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

No. Bedrooms 4 No. Persons 8 No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

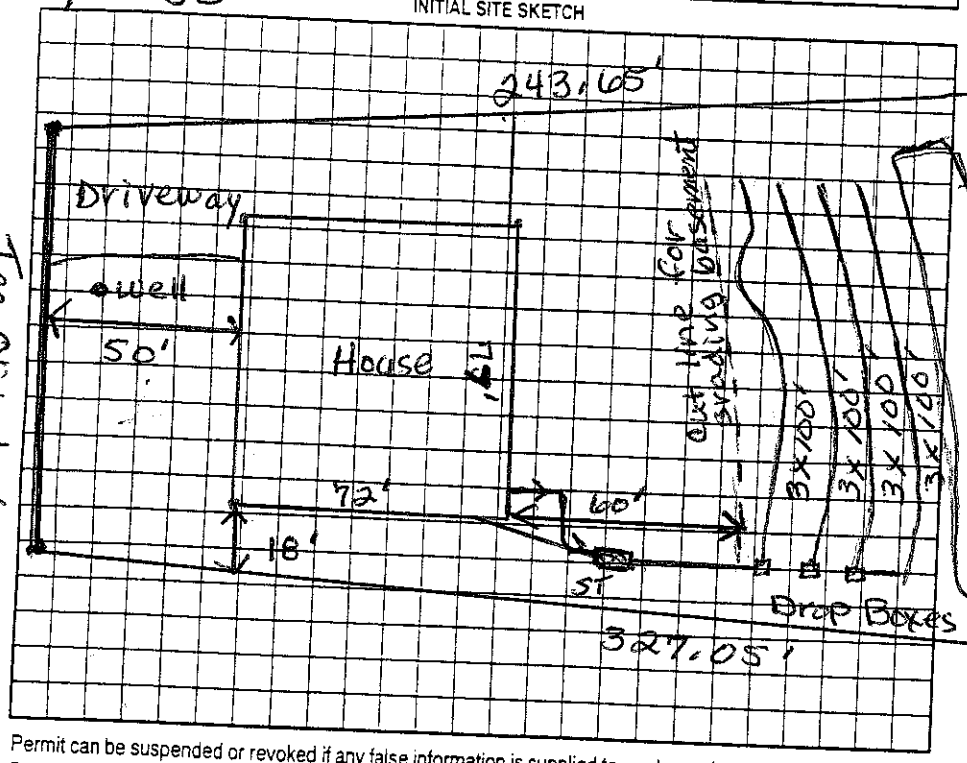
Comments:/Conditions:

Fall from ST to drainfield min. 1/8" per foot

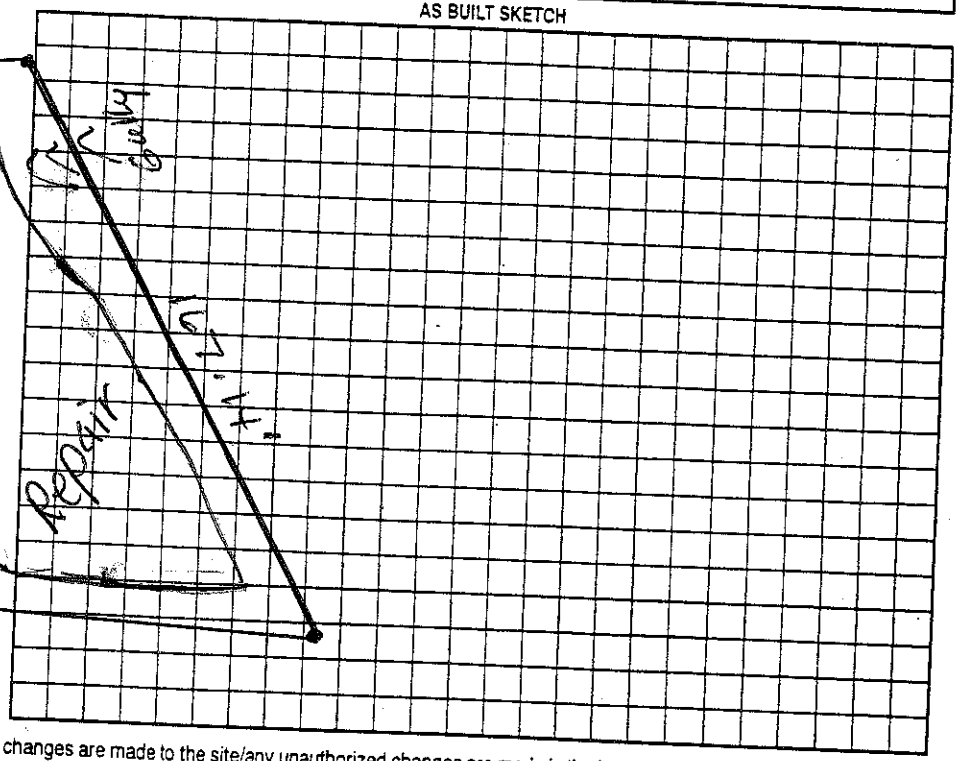
Comments:/Conditions:

1"=50'

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: Rick Constable date 12-13-07 Installed by: GROUND BREAKERS

Improvement Permit by: Judy Melville date 12-11-07 Operation Permit by: Wesley Sparks RS date 12/29/08

Authorization to Construct by: Judy Melville date 12-11-07 Existing System Inspection by: _____ date _____

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