IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 22177 PIN# 4639~~01555601670~~ 71-4876 DATE 11/5/04

OWNER OR CONTRACTOR Heath Properties / STONEHAVEN PHONE: Business 704 483-3651 Home

ADDRESS 885 North Highway 16 Denver, NC 28037

LOCATION Perth Rd south TR) Liva Ln

SUBDIVISION Bay Crossing BLOCK / SECTION 1 LOT 70 LOT AREA .74 SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3640 ~~per~~

Septic Tank: 1500 ~~1000~~ Gallons; STB 338 Date 1/6/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: GRAVITY 250 GALLON

Repair System Description: CAPTANK

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

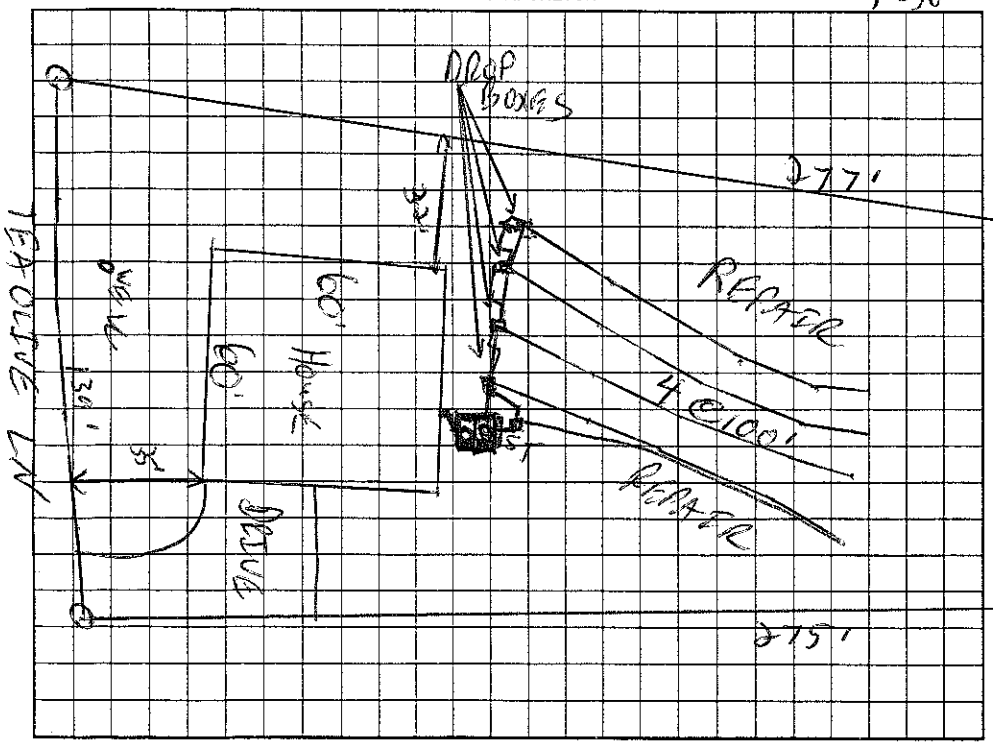
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

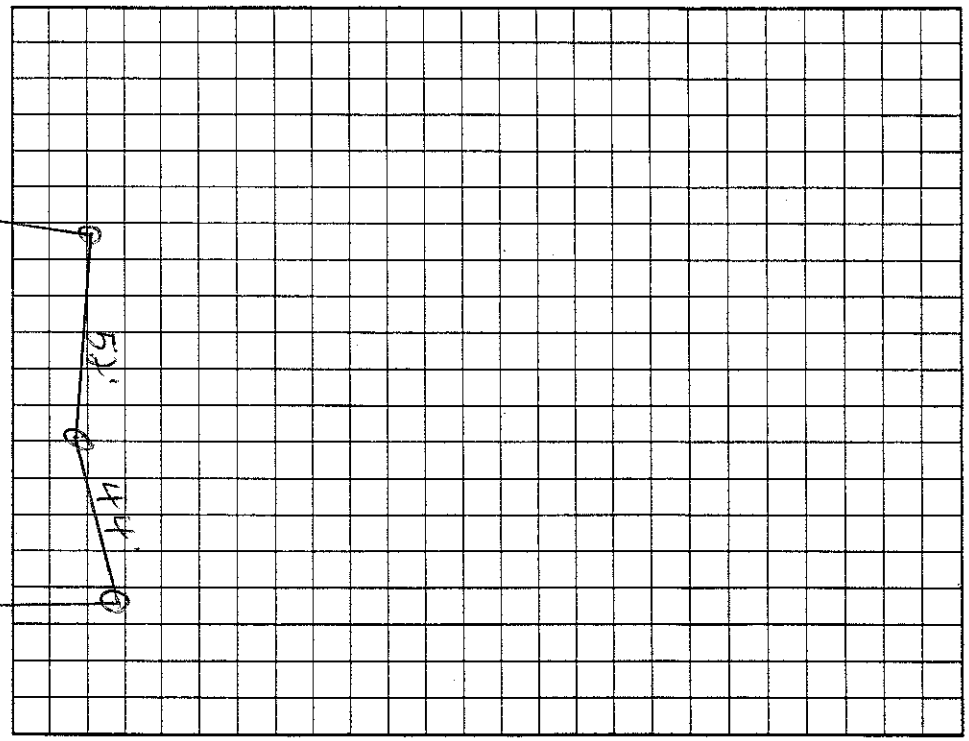
Comments:/Conditions:

Comments:/Conditions: Drop Boxes, Tank Location shown.

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 plan 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 Installed by: Larry Brown Backhoe

Improvement Permit by: _____ RS date 11/8/04 Operation Permit by: _____ RS. date 2/9/06

Authorization to Construct by: _____ RS. date 8/19/05 Existing System Inspection by: _____ date _____

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