IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121495 PIN# 4639615556.116 DATE 9-23-05

OWNER OR CONTRACTOR Hecht Properties / ~~Dick Phipps~~ GP for Hecht PHONE: Business 664-1061 Home 732-4631

ADDRESS 467 River Hwy Mooresville, NC 28117

LOCATION Hwy 150 W TR Peach Rd (North) TL Liva Ln TR Bay Crossing TR Summerwind on left

SUBDIVISION Bay Crossing BLOCK / SECTION ____ LOT 116 LOT AREA 4.58 acre SITE CLASS. PS DESIGN FLOW 720gpd L.T.A.R. e 3

Septic Tank 1500 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1800' Linear Feet 600'

No Lines 5@120' Trench Width 36" Max Trench Bottom Depth 21" Gravel Depth N/A

X New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity - 25% Reduction

Repair System Description: Pump 25-50% Reduction

Maintenance Agreement Required: ☐ Yes X No

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

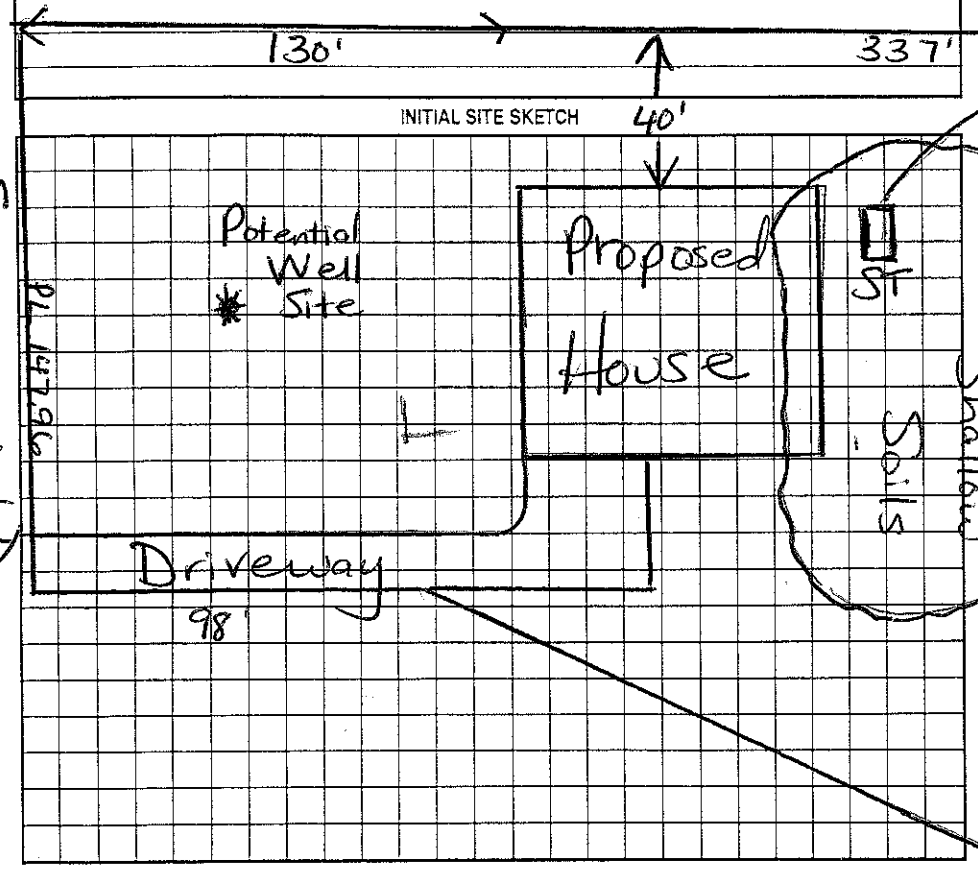
No. Bedrooms 6 No. Bathrooms 5 No. Employees ____

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

Water Supply: X Individual ☐ Public ☐ Community

Comments:/Conditions: Scale 1:50

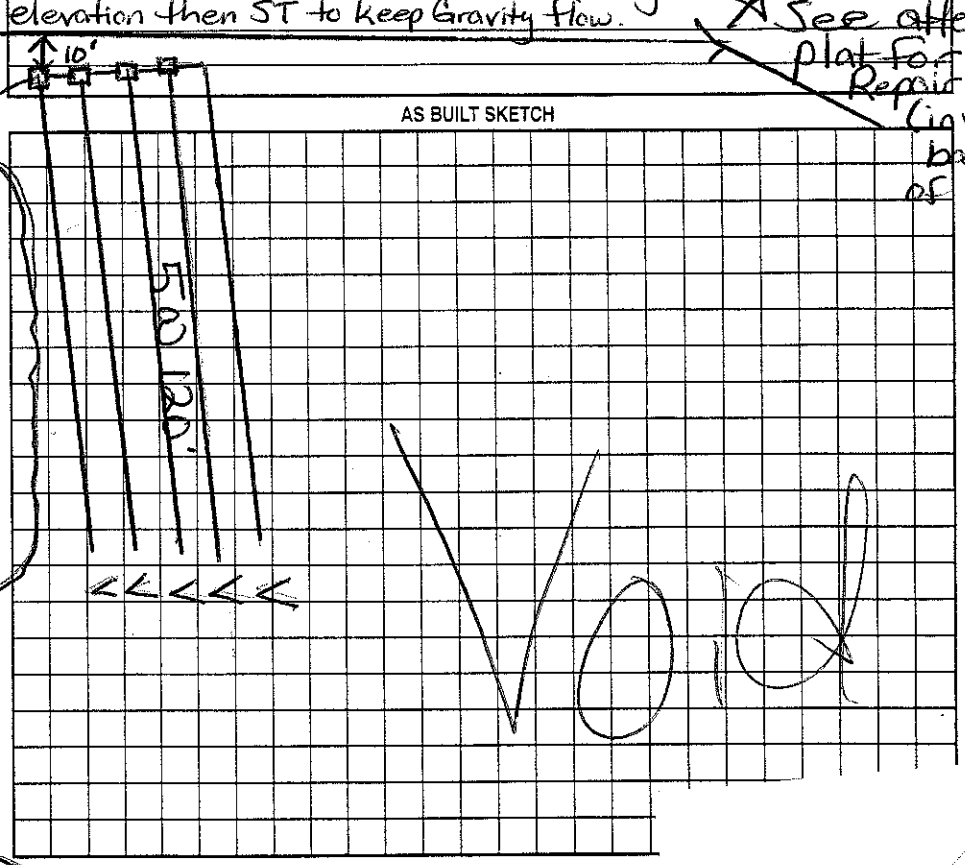
INITIAL SITE SKETCH



Comments:/Conditions: Note: Keep basement floor at higher elevation then ST to keep Gravity flow.

X See attached plat for Repair Area (Lg very back of lot)

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 insta
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 exc

Signed: Dick Phipps 9-26-05 date ____ Installed by: ____

Improvement Permit by: Maria H Dotson RS date 9/23/05 Operation Permit by: ____

Authorization to Construct by: John E Clark date 4/3/07 Existing System Inspection by: ____

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