IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12218 PIN# 4639615556.073 4639718818 DATE 11/8/04

OWNER OR CONTRACTOR Heckit Properties/Schreiner Dev. PHONE: Business (704) 483-3651 Home

ADDRESS 885 North Highway 16 Denver, NC 28037

LOCATION Perth Rd south TR Liva Ln - TR BAYCROSSING TR TEA OLIVE - AT END ON LT

SUBDIVISION Bay Crossing BLOCK / SECTION 1 LOT 73 LOT AREA .95AC SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .36/FT2

Septic Tank: 1500 ~~1000~~ Gallons; STB 338 Date 2-10-06

Pump Tank: 1000 Gallons; PT 283 Date 2-22-06

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: pump 25% REDUCTION LP PANEL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

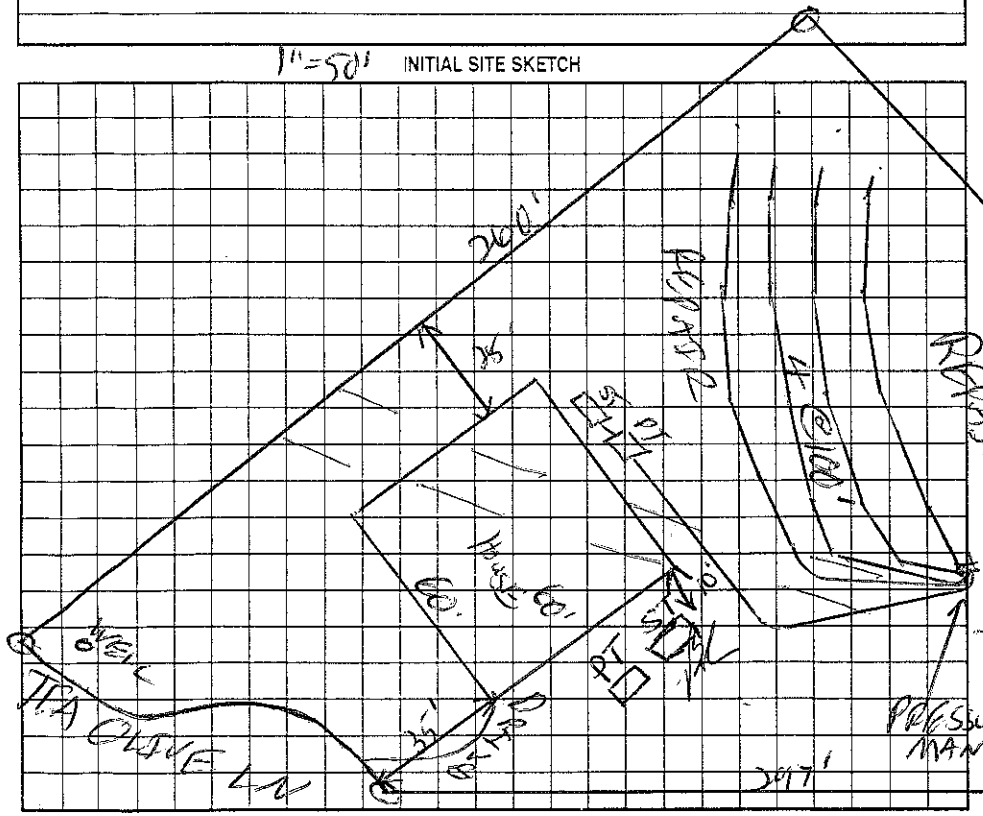
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

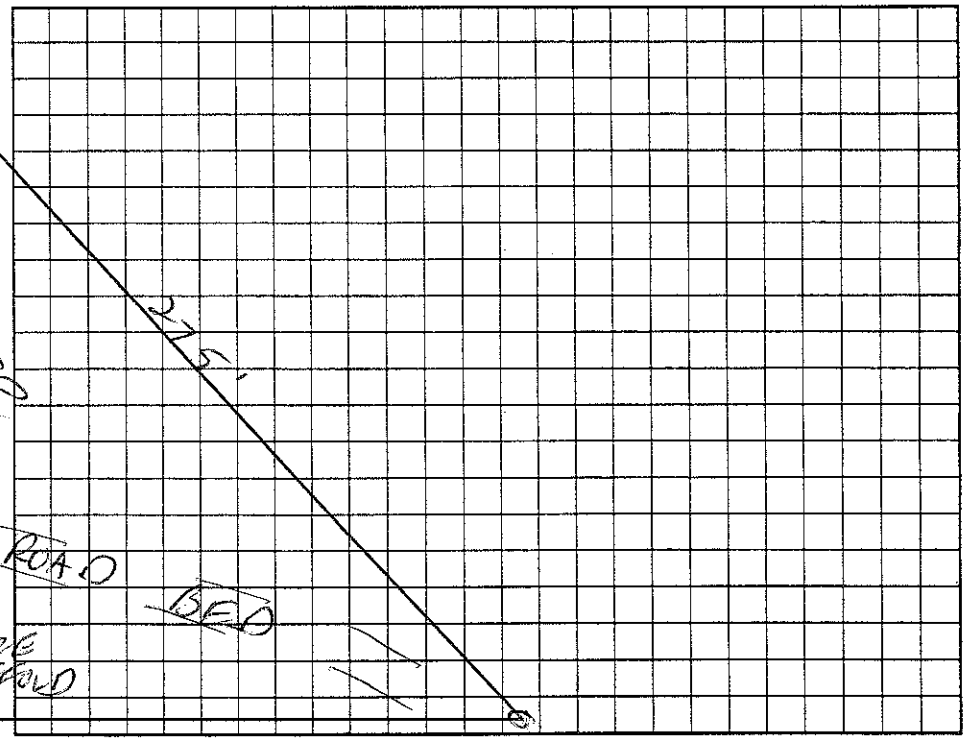
Comments:/Conditions:

Comments:/Conditions: Installed EZ flow as drawn
Note: moved tanks due to powerline

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: _____ date 11-22-04 Installed by: R & H RS

Improvement Permit by: _____ RS date 11/8/04 Operation Permit by: _____ date 6/1/06

Authorization to Construct by: _____ RS date 6/22/05 Existing System Inspection by: _____ date _____

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