IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122186 PIN# 4639615556.076 DATE 3-3-05

OWNER OR CONTRACTOR John Crowley PHONE: Business (704) 578-3113 Home 896-0938

ADDRESS 9724 Devonshire Dr. Huntersville NC 28078

LOCATION Perth Rd S. TR Liva Ln TR Bay Crossing TR Tea Olive at end

SUBDIVISION Bay Crossing BLOCK / SECTION 1 LOT 76 LOT AREA 1.66 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 5-15-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 3 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 - 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other ____

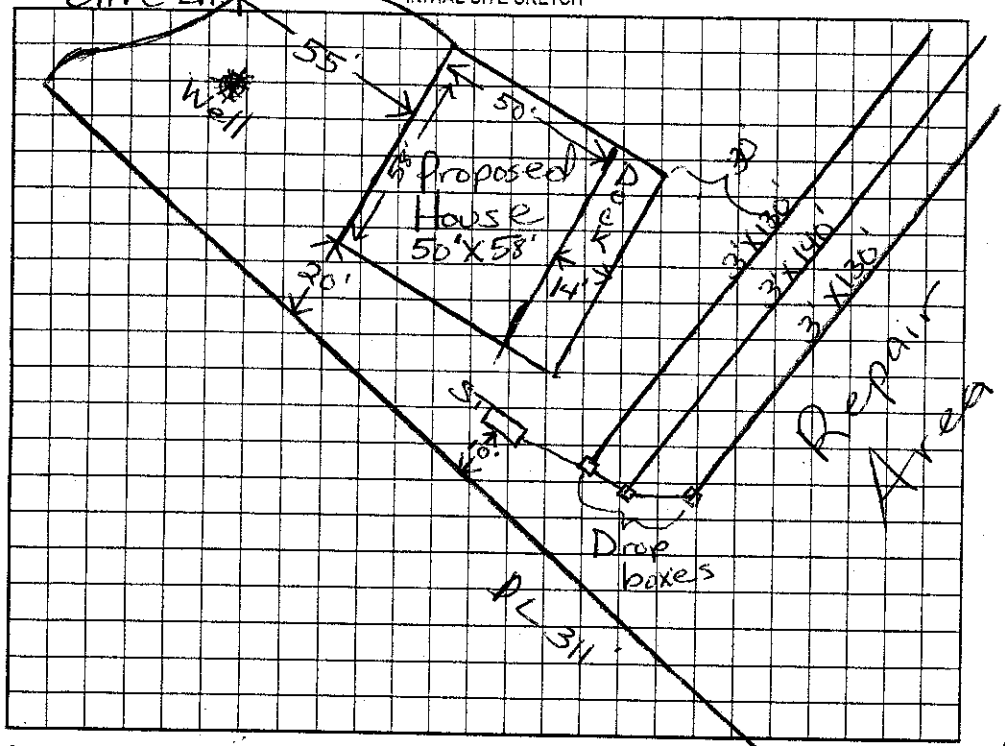
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Scale: 1" = 50'

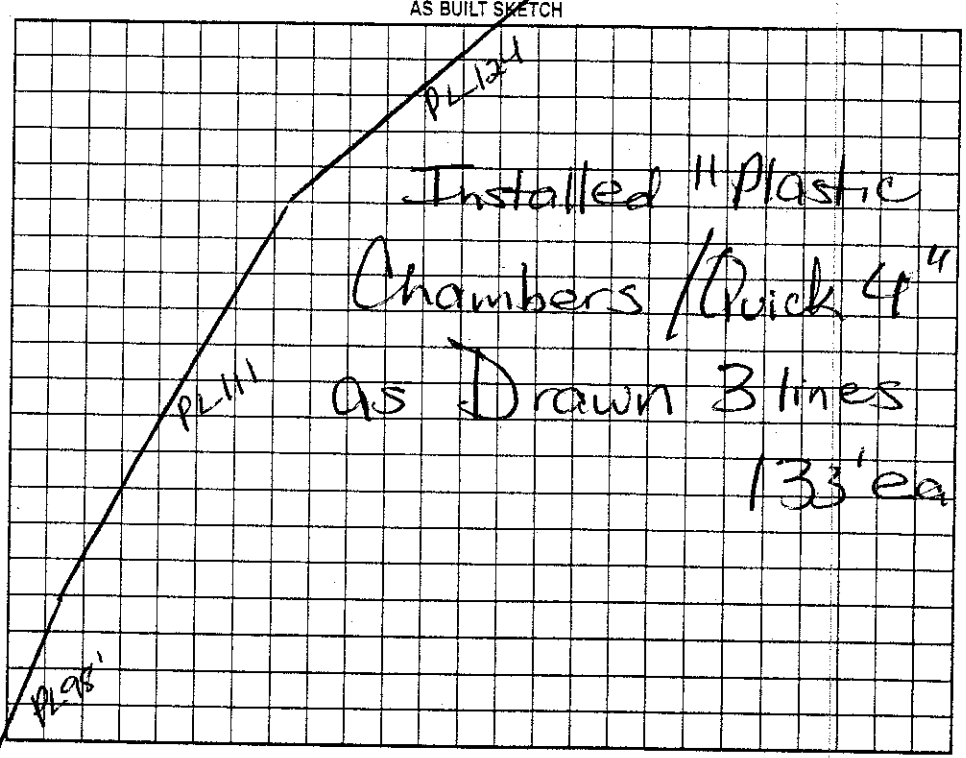
INITIAL SITE SKETCH



Comments:/Conditions:

PL-363'

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: John Crowley

Improvement Permit by: Maina Hall Dotson RS date 3/3/05

Authorization to Construct by: Maina Hall Dotson RS date 3/3/05

Installed by: A & S Grading

Operation Permit by: Maina Hall Dotson RS date 7/13/05

Existing System Inspection by: ____ date ____

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