IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 3-3-05

PERMIT# 12186 PIN# 4639-61-5556.076 71-9601

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 1007 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

☒ 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

Gravel Depth N/A

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

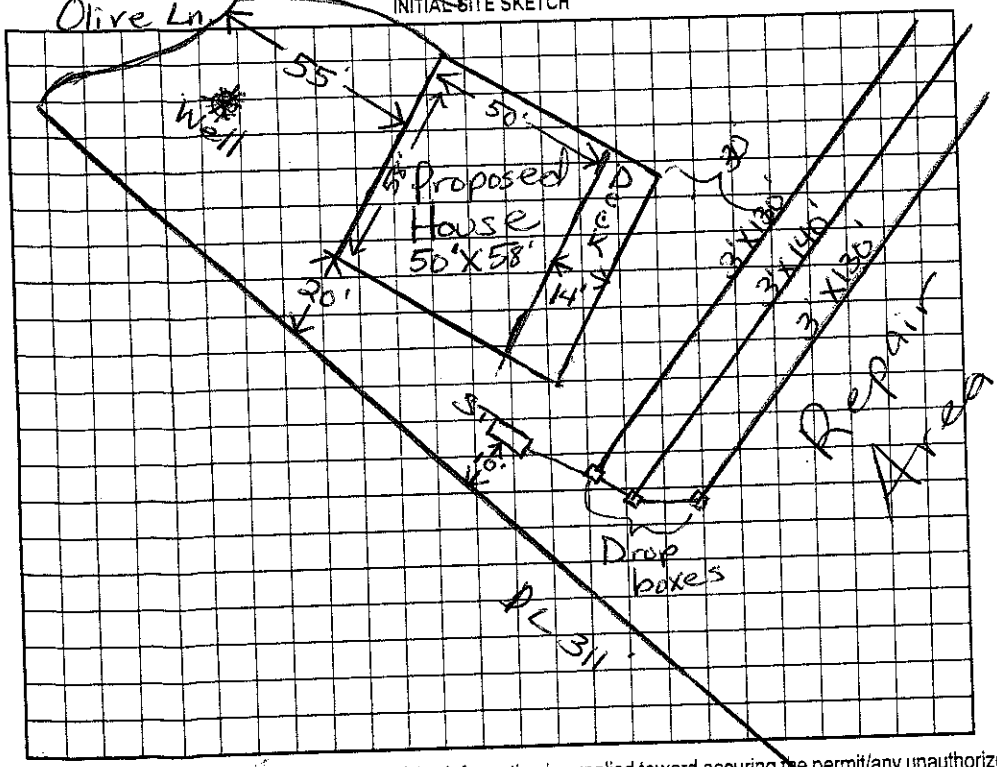
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

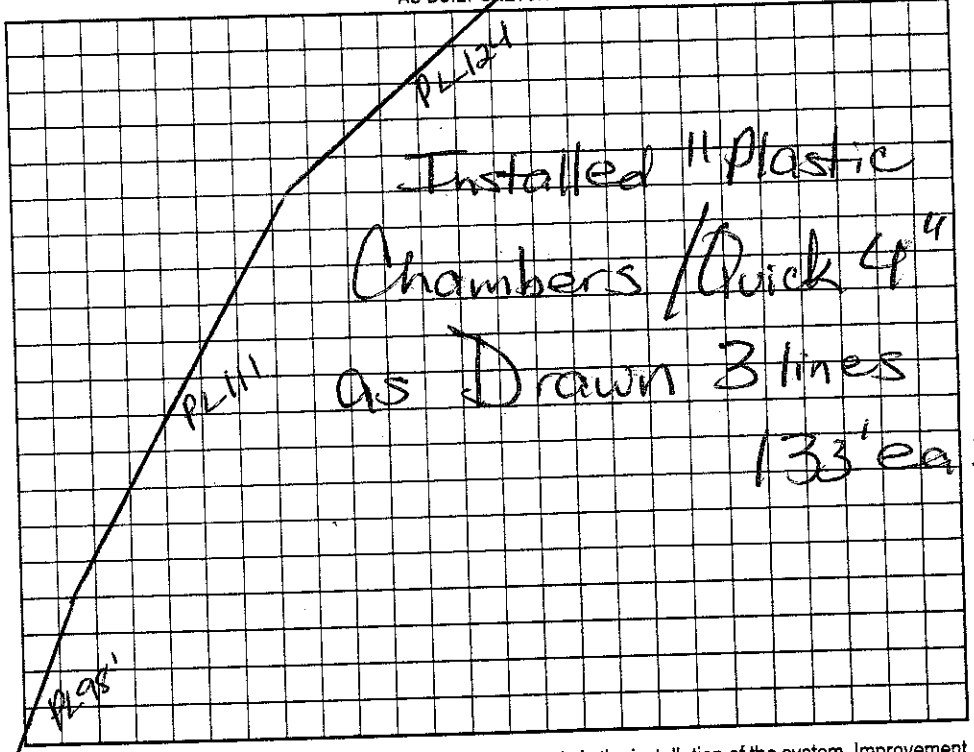
Comments:/Conditions: Scale: 1" = 50'

Comments:/Conditions: PL-363'

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: John Crowley date _____

Improvement Permit by: Maina M. Dotson RS date 3/3/05

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

Installed by: A & S Grading RS date 7/13/05

Operation Permit by: Maina M. Dotson RS date _____

Existing System Inspection by: _____ date _____

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