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11:30

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# 4639-55-5607.076 PI-9601 DATE 6/2/06

OWNER OR APPLICANT John Crowley PHONE: Business _____ Home 578-3113

ADDRESS 144 Tea Olive Ln Mooresville, NC 28115

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 450gpd T.A.R. @ 3

Add Taylor Tank

Septic Tank: ~~500~~ existing 1000 Gallons; STB _____ Date 1-3-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☐ Repair ☒ Expansion System Type: I ☐ II ☐ III ☐ IV ☒ V ☐ VI

System Description: Gravity - 25% Reduction Accepted

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

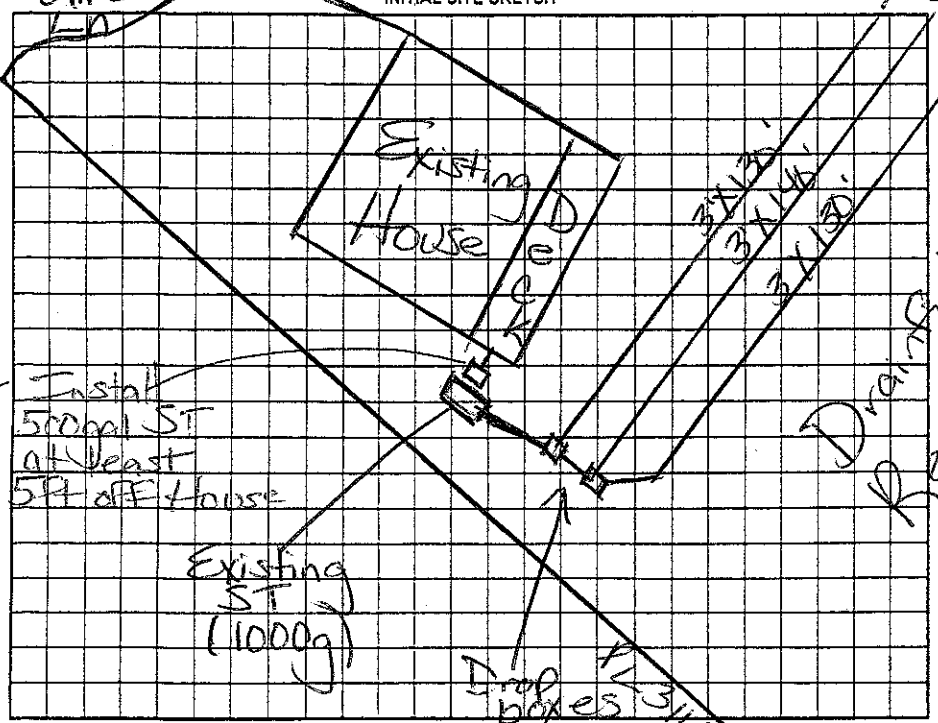
Comments/Conditions: * Note: Extra 500gal ST being required by Subdivision Management and not Iredell County

Comments/Conditions: PI-363

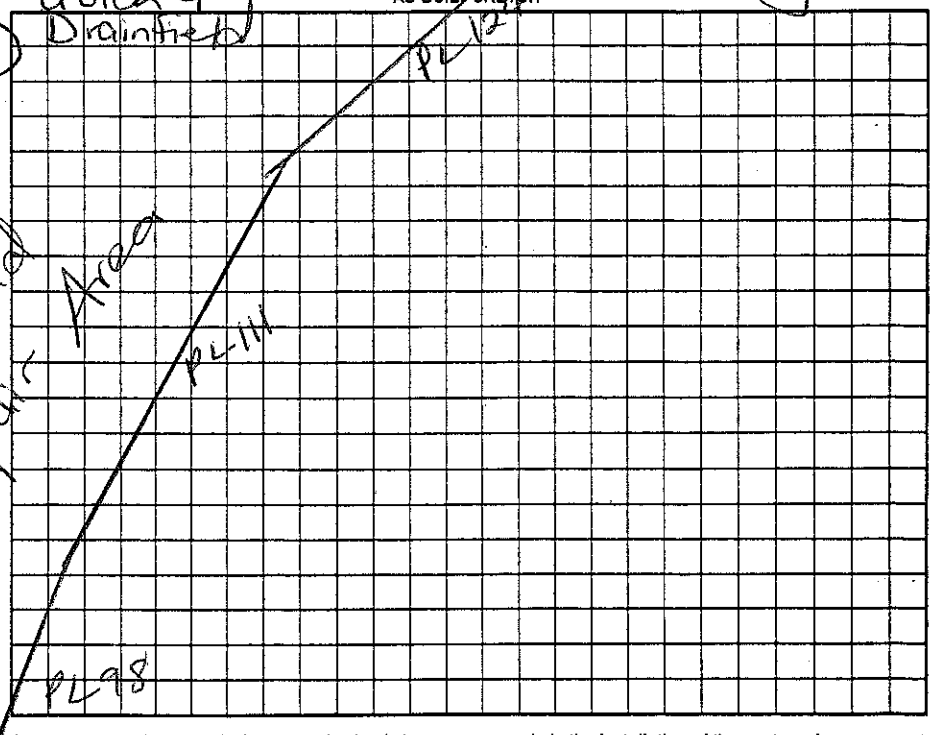
Scale 1"=50'

Adding 1-500gal ST in addition to existing 1000gal ST

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 _____ Installed by: A & S Grading RS

Improvement Permit by: Maria H. Dotson RS date 6/2/06 Operation Permit by: Maria H. Dotson RS date 6/30/06

Authorization to Construct by: Maria H. Dotson RS date 6/2/06 Existing System Inspection by: _____ date _____

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