IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12529 | PIN# 4639-61-5336.053 4639 72 2641 | DATE June 10, 05

OWNER OR CONTRACTOR Heart Chop-Une / Ron Terpak | PHONE: Business _____ Home _____

ADDRESS 885 N Hwy 16 Denver NC 28037

LOCATION Perth Rd (N) TL Lora Lane TR Bay Crossing DR. to end TL Bay Shore Loop on Rt

SUBDIVISION Bay Crossing | BLOCK / SECTION 3 | LOT 53 / 53A | LOT AREA .83ac + 23,200 ft² | SITE CLASS. ASSFE | DESIGN FLOW 480gpd | T.A.R. .25 SFES3A

Septic Tank: 1000 / 500 Gallons; STB 235 Date 8-24-12

Pump Tank: 1000 Gallons; PT 253 Date 7-22-12

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 4 Square Feet 1440 Linear Feet 480

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: am 25% Reduction on 53A

Repair System Description: LPP BPS on 53A

Maintenance Agreement Required: [ ] Yes [X] No initially

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms ____

[ ] Business No. Employees ____

[ ] Other ____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: Sleeve as appropriate under driveway

ST N 15ft off Corner of House

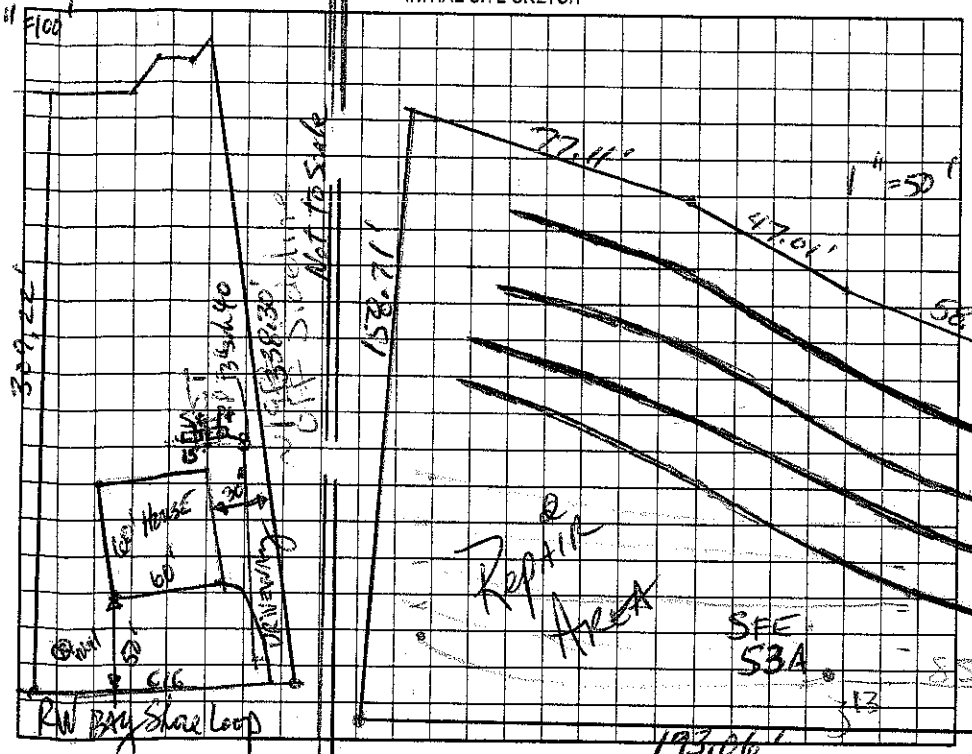
9/28/12

Comments:/Conditions:

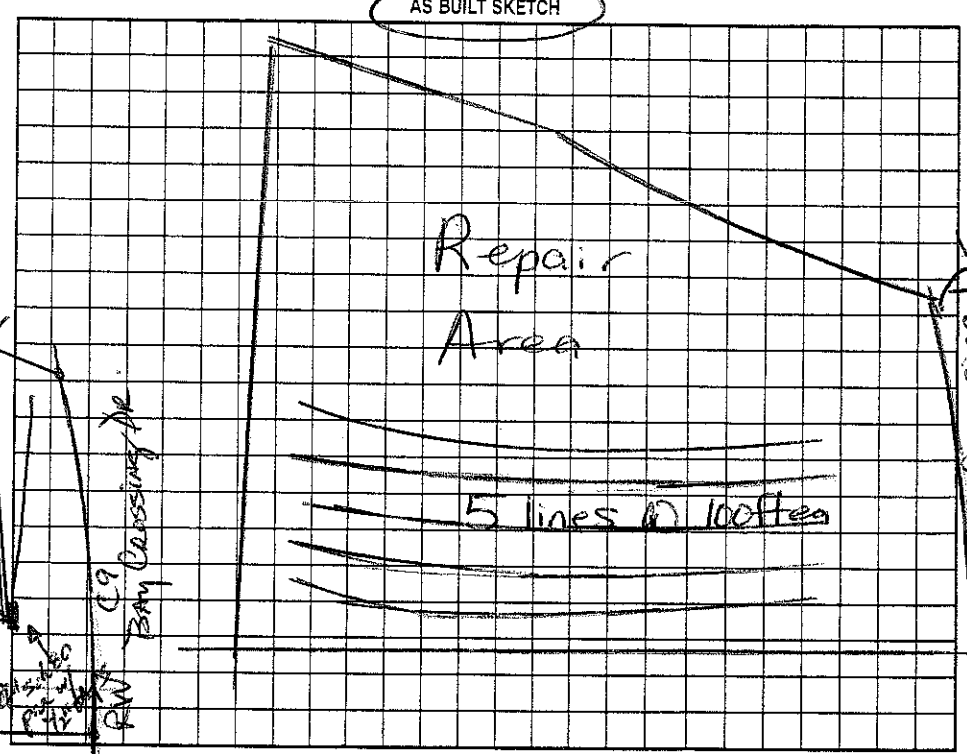
53A Recorded Book 47 Page 33

120 Lineal Area 36 Plastic Chambers for Drainfield, Ctr Tanks & Lines

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 6/17/05

Improvement Permit by: _____ date 6-10-05

Authorization to Construct by: _____ date 8-7-12

Installed by: R & T date 1/18/13

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

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