IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130 MOORESVILLE 704-664-5281

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

PERMIT# 25319 PIN# 4639615556.065 4639723248 DATE June 10, 05

OWNER OR CONTRACTOR Herbst Properties, Inc. PHONE: Business _____ Home _____

ADDRESS 885 Perth Rd Hwy 16, Denver N.C. 28037

LOCATION Perth Rd (N) TR Linville TR Bay Crossing Dr. on Right at jct w/ Bay Shore Loop

SUBDIVISION Bay Crossing BLOCK / SECTION 2 LOT 65 LOT AREA .83Ac SITE CLASS IS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 444 Date 2/20/06

Pump Tank: 1000 Gallons; PT 27 Date 4/27/05

Pump Make: Geo Tech Model VF0312NU Serial No. _____

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: pm - 25% Reduction

Repair System Description: LPP BPS

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

Gravel Depth N/A

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms ___ No. Employees ___

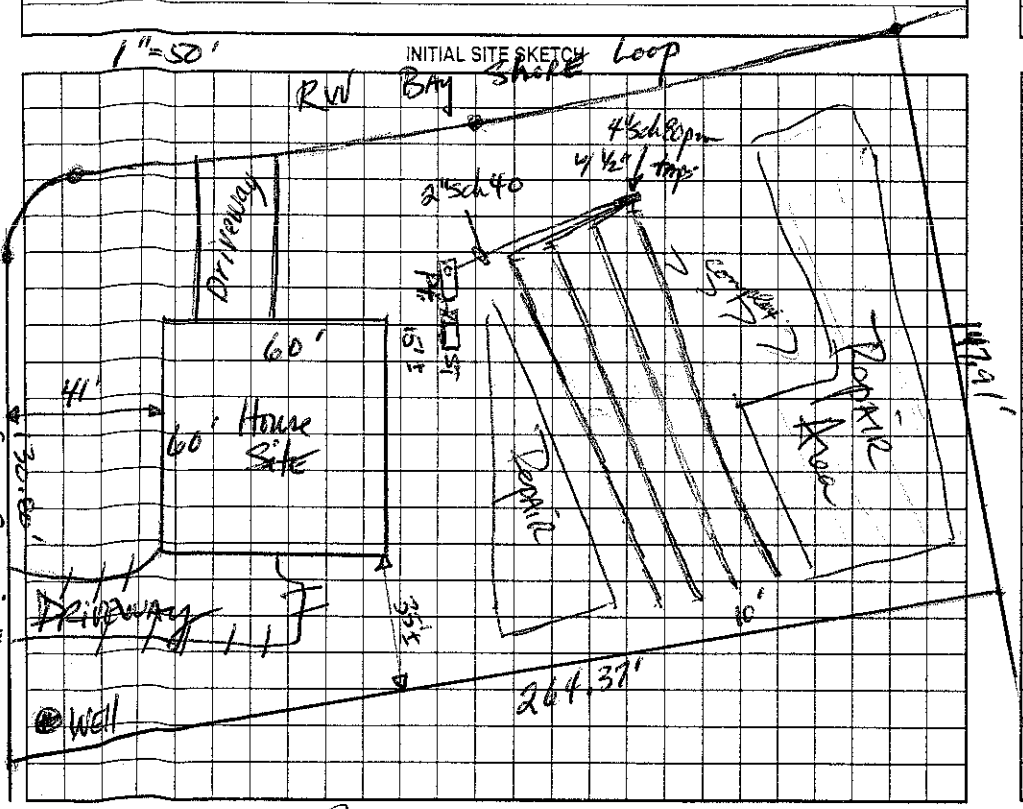
Water Supply: [X] Individual [ ] Public [ ] Community

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

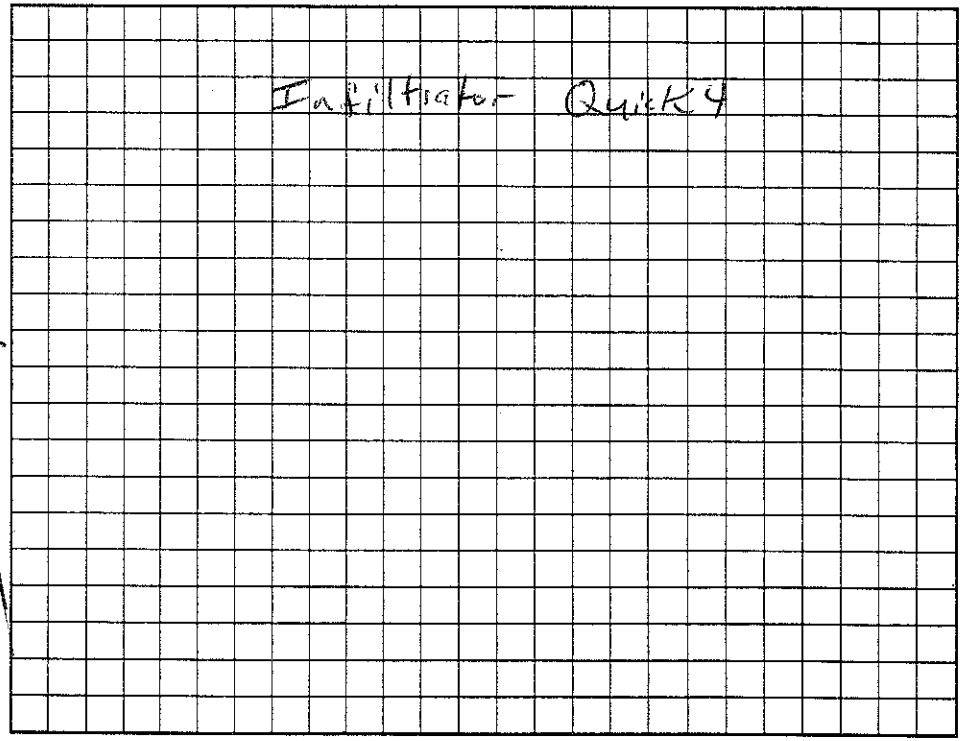
Comments:/Conditions:

Comments:/Conditions:

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 Installed by: Southern Backhoe

Improvement Permit by: _____ date 6/10/05 Operation Permit by: _____ date 4/12/06

Authorization to Construct by: Judy Melville date 10-25-05 Existing System Inspection by: _____ date _____

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