IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 25309 PIN# 4639-~~61-5536.063~~ 72-6152 DATE May 17, 05

OWNER OR CONTRACTOR Heckle Properties Inc. / SCHREINER CUSTOM PHONE: Business _____ Home _____

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

LOCATION South Rd (N) TR Liva Lane TR Bay Crossing Dr. TR Bay Shore Loop on Right

SUBDIVISION Bay Crossing BLOCK / SECTION _____ LOT 63 LOT AREA .77ac SITE CLASS. RS DESIGN FLOW 480gpd L.T.A.R. .63

Septic Tank: ~~Trec~~ 1500 Gallons; STB 338 Date 11-27-06

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 NA

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: Gravity 25% Reduction "Accepted"

Repair System Description: pm/LP 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

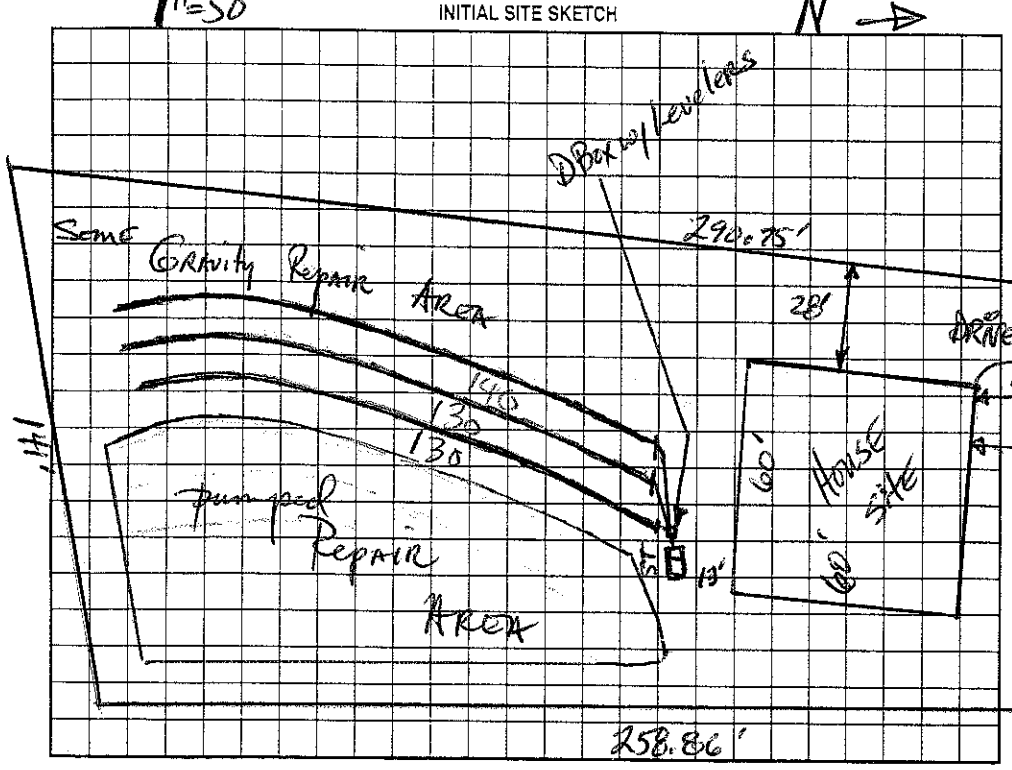
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

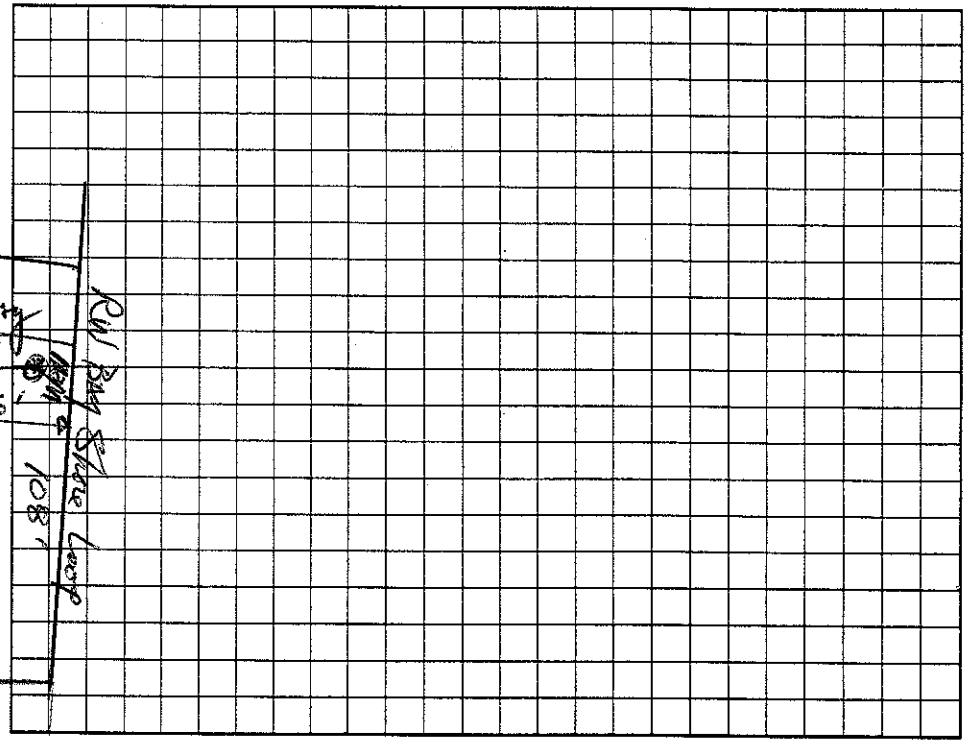
Comments:/Conditions:

Comments:/Conditions: Checked tank & lines 1/31/07 (installed E-Z Flow)

1"=50' INITIAL SITE SKETCH N



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 4/4/05

Improvement Permit by: _____ date 5-17-05

Authorization to Construct by: _____ date 8/16/06

Installed by: R&H

Operation Permit by: _____ date 2/6/07

Existing System Inspection by: _____ date _____

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