IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125305 PIN# 4639727183 DATE 10-23-06

OWNER OR APPLICANT Raul C Palacios PHONE: Business 704 902-6811 Home

ADDRESS 290 Sweet Martha Dr Mooresville NC 28115

LOCATION Berth Rd (N) TL Liva Lane TR Bay Crossing Dr TR Bay Shore Lp on right nearend

SUBDIVISION Bay Crossing BLOCK / SECTION 2 LOT 62 LOT AREA .74 Acre SITE CLASS PS DESIGN FLOW 440 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ~~1000~~ 1250 Date 8-25-06
Pump Tank: 1000 Gallons; PT 27 Date 9-13-06
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pump - Pmi - 25% Reduction
Repair System Description: Pump - 25% - 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 10/4 ☐ Gravity ☑ Pressure

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

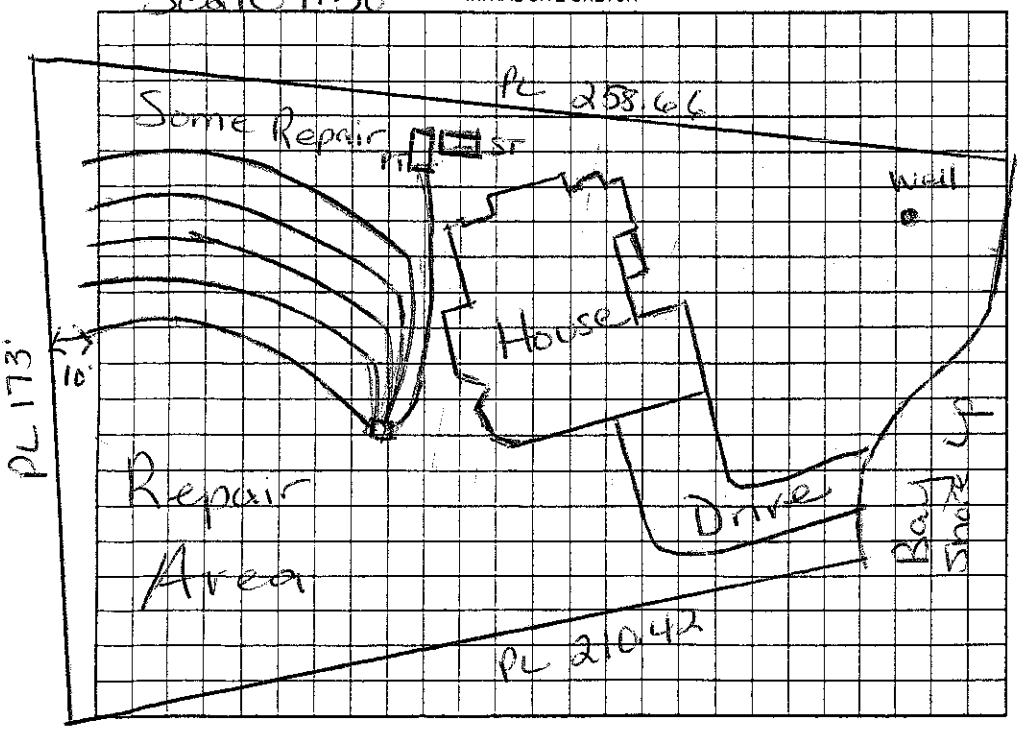
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

Comments/Conditions: Note: Must keep 100ft btw well and Septic System

252 BAY SHORE LP.

Scale 1:50 INITIAL SITE SKETCH



AS BUILT SKETCH

Checked on 10/31/06 ja

- TANKS ✓
- LINES ✓
- P.M ✓
- PRESSURE ✓

APPROVED

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: Raul Cesar Palacios date 10-25-06

Improvement Permit by: Maria H Hotaon RS date 10/23/06

Authorization to Construct by: Maria H Hotaon RS date 10/23/06

Installed by: Richard Abernathy Wesley Spoon RS date 12/4/07

Operation Permit by: _____

Existing System Inspection by: _____ date _____

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