IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 125297 PIN# 4639-61-5556.058 72 8510 DATE 10/19/05

OWNER OR APPLICANT J A G Const. PHONE: Business _____ Home _____

ADDRESS 144 Tea Olive Ln Mooresville NC 28117

LOCATION Perth, TL Lin Ln, TR Bay Crossing, TR Bay Shore Lp, 9th end on Lt.

SUBDIVISION Bay Crossing BLOCK / SECTION _____ LOT 58 LOT AREA 1.054AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1500 Gallons; STB 444 Date 2/3/06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Gravity 25% Reduct.
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☐ No

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

Water Supply: ☒ Individual ☐ Public ☐ Community

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

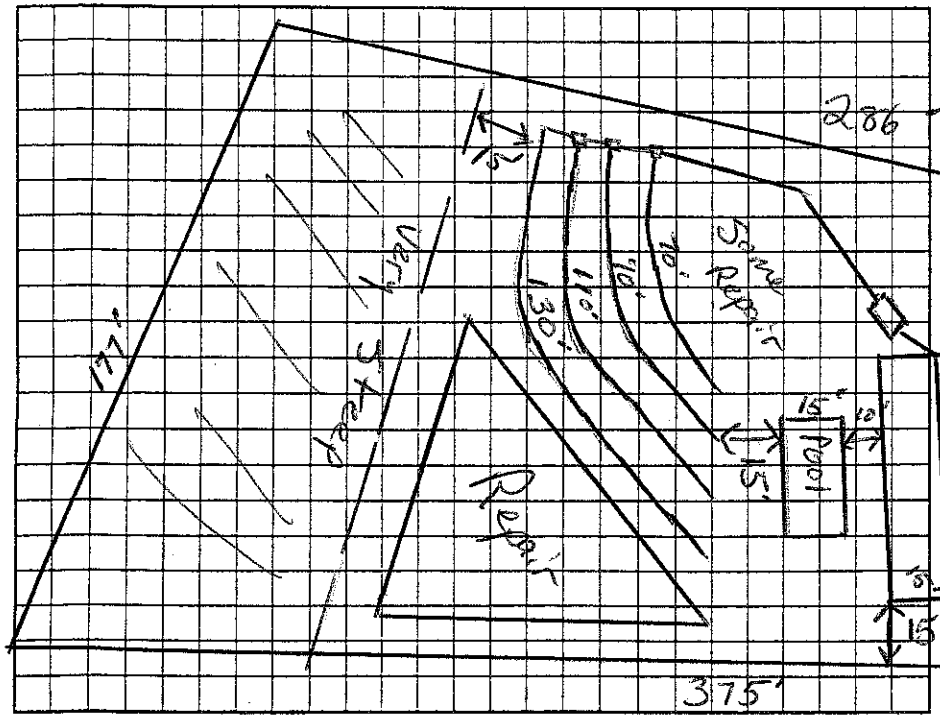
Comments:/Conditions:

1"=50'

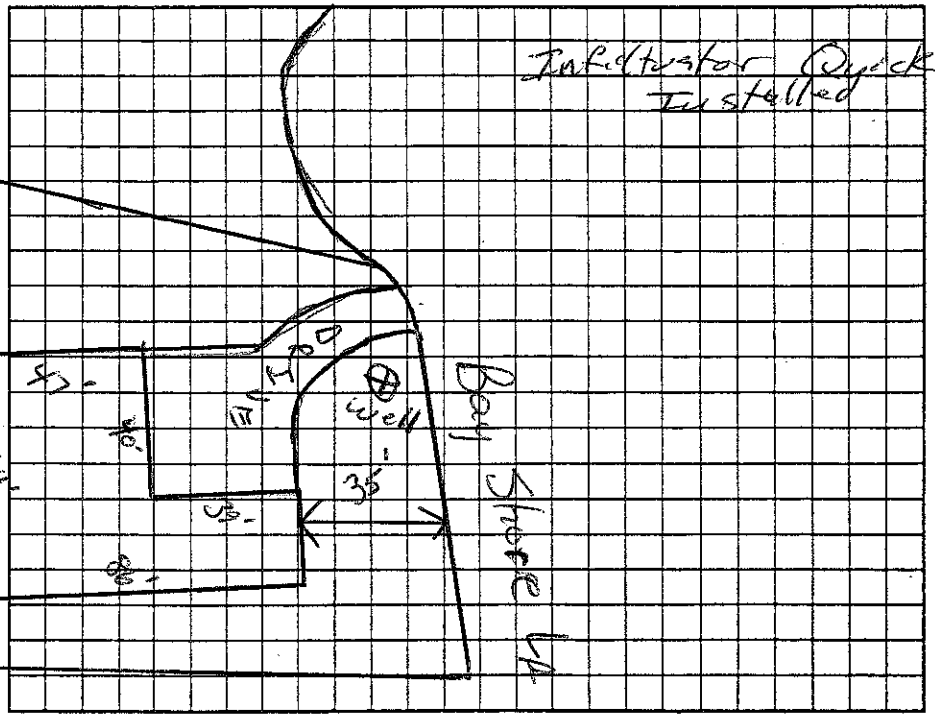
Comments:/Conditions:

Backflow

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 10/19/05 Installed by: A+S Grading

Improvement Permit by: RS date 10/19/05 Operation Permit by: RS date 3-17-06

Authorization to Construct by: CS date 10/19/05 Existing System Inspection by: _____ date _____

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