IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125301 PIN# 4639-61-5556.061 DATE May 17, 05

OWNER OR CONTRACTOR Heaft Properties Inc PHONE: Business _____ Home _____

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

LOCATION Teeth Rd. (N) TL Lida Lane TR Bay Crossing Dr. TL Bay Shore Loop at end

SUBDIVISION Bay Crossing BLOCK / SECTION _____ LOT 61 LOT AREA 1.09 AC SITE CLASS. PS DESIGN FLOW 440gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5 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: Gravity 25% Reduction "Accepted"

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

[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

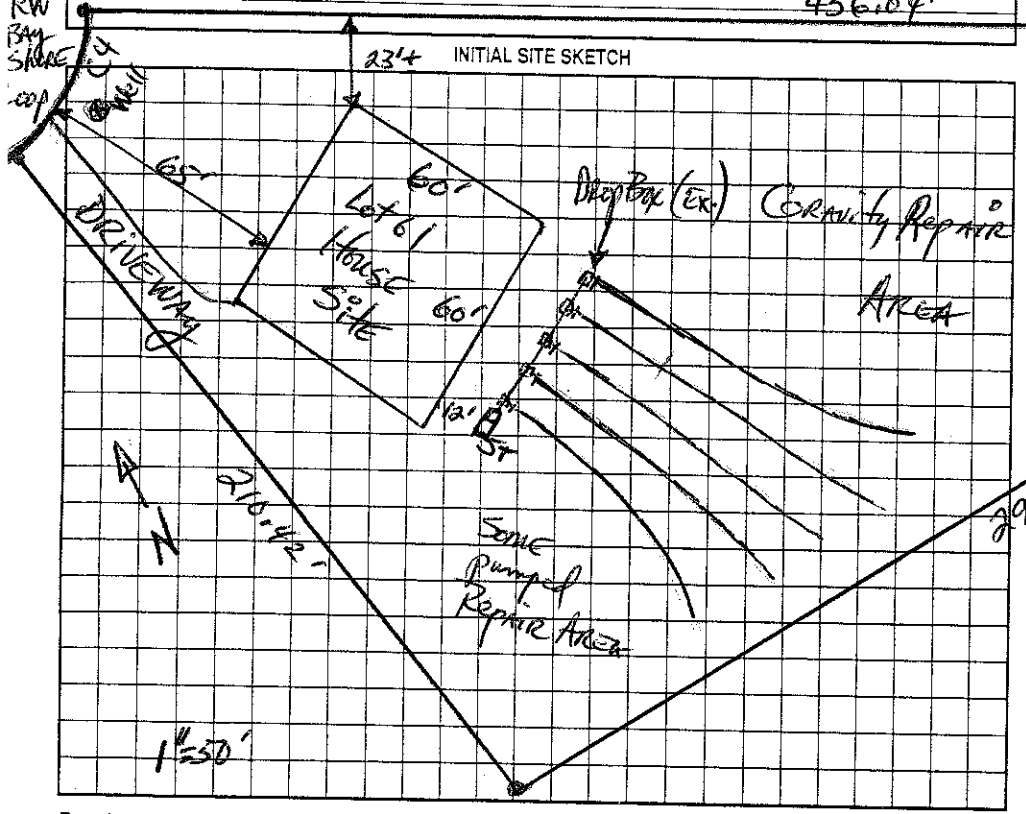
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions:

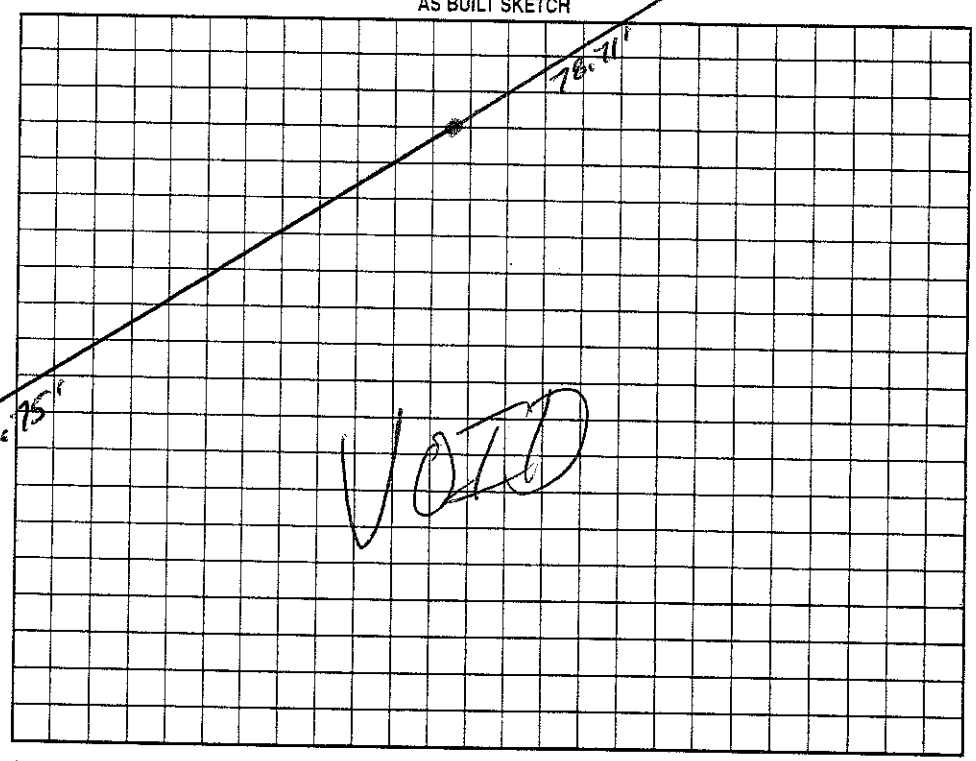
436.04'

RW Bay Shore Loop

23'+ 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 6/1/05

Improvement Permit by: _____ date 5-17-05

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

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