IREDELL COUNTY HEALTH DEPARTMENT

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

3.00

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

PERMIT# 121496 / 142107 PIN# ~~4639-14-5556.177~~ 4639800913 DATE 11/12/04

OWNER OR CONTRACTOR HEART PROPERTIES / Integrated Custom Blds PHONE: Business 453-3651 Home

ADDRESS 585 (N) Hwy 16 DENVER NC 28037

LOCATION PERTH (N) - TL LIVA LN - TR BAYCROSSING - TR SUMMERWIND - ON LT

SUBDIVISION BAYCROSSING BLOCK / SECTION 1 LOT 117 LOT AREA 2.78AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. 3600 IF 02

Septic Tank: ~~Toco~~ 1500 Gallons; STB 334 Date 6/12/07

Pump Tank: 1000 Gallons; PT 383 Date 6/24/07

Pump Make: MYERS Model MB50-21 Serial No.

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

No Lines 3 @ 133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NIL

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

System Description: PUMP 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

~~☑ House/Mod. Home~~ No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

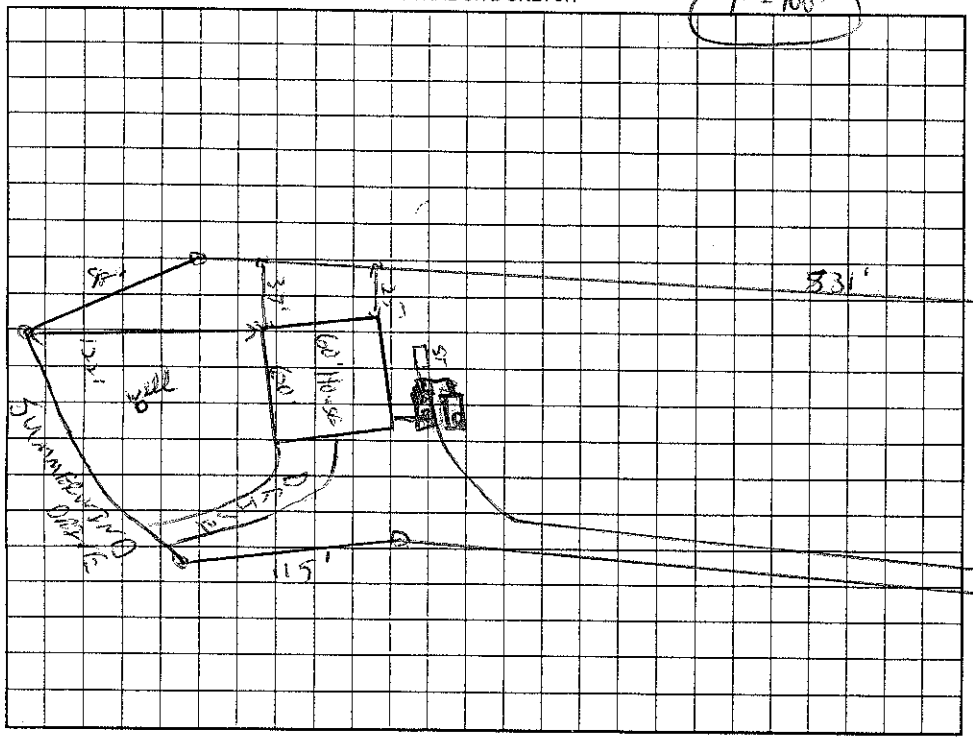
☐ Slab ~~☑ Crawl Space~~ ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

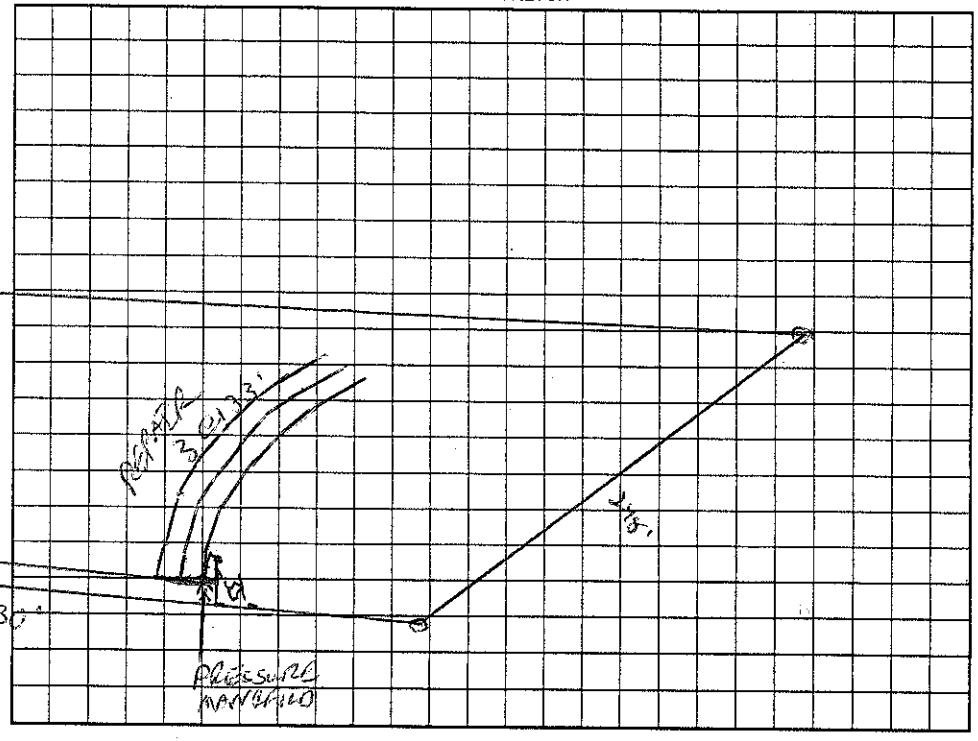
Comments:/Conditions:

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INITIAL SITE SKETCH 1" = 100'



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 11-22-04 Installed by: Tarheel Septic

Improvement Permit by: _____ RS date 11/12/04 Operation Permit by: Wesley Sparks RS date 11/1/07

Authorization to Construct by: _____ RS date 12/16/05 Existing System Inspection by: _____ date _____

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