IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122185 PIN# 4639155560.075 DATE 3/20/09

OWNER OR APPLICANT Gary Leazer 4639-81-0750 PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Perth Rd (N), TL on Liva, TR into Bay Crossing, 2nd Rt into Tea Olive, at end of cul-de-sac

SUBDIVISION Bay Crossing BLOCK / SECTION _____ LOT 75 LOT AREA 1.73 Acres SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .8 Sept/Apr

Septic Tank: ~~1000~~ 1500 Gallons; STB 390 Date 12/8/08

Pump Tank: 1000 Gallons; PT 343 Date 11/3/08

Pump Make: Gould's Model WE0-512HH 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 Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Pump-to-25% Reduction

Repair System Description: Low Pressure Pipe

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

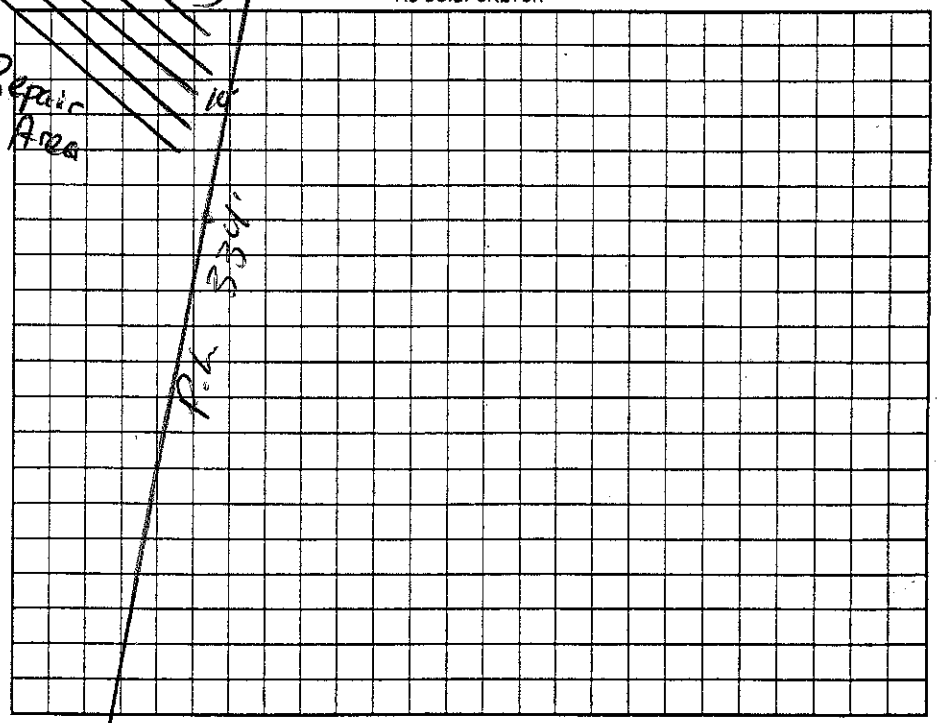
Comments/Conditions: 1) Install (5) 80ft lines on contour
2) Bury supply line under gully
3) Lines to be 10' off Prop line & Supply line 5' off P.L.

INITIAL SITE SKETCH



Comments/Conditions:

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 _____ Installed by: Stanley Agnew Jr.

Improvement Permit by: _____ date 3/21/09 Operation Permit by: _____ date 2-26-09

Authorization to Construct by: _____ date 8-19-08 Existing System Inspection by: _____ date _____

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