IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122184 PIN# ~~4639615556.074~~ 4639-81-0838

OWNER OR CONTRACTOR Hecht Properties/Schreiner C PHONE Business 483-3651 Home ______ DATE ~~10~~ 11/8/04

ADDRESS 885 North Highway 16 Denver, NC 28037

LOCATION Perth Rd south TR Liva Ln - TR BAY CROSSING - TR TEA OLIVE LN - @ AT END

SUBDIVISION Bay Crossing BLOCK / SECTION 1 LOT 74 LOT AREA 1.64AC SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .36PD/FT2

Septic Tank: 1000 Gallons; STB 338 Date 2-22-07

Pump Tank: 1000 Gallons; PT 283 Date 2-~~27~~-07

Pump Make: Goulds Model WE0312MU Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1596 Linear Feet 532

No Lines 4@133' Trench Width @ 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: PUMP CONVENTIONAL

Repair System Description: PUMP 25%

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 4 No. Bathrooms ______ No. Employees ______

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

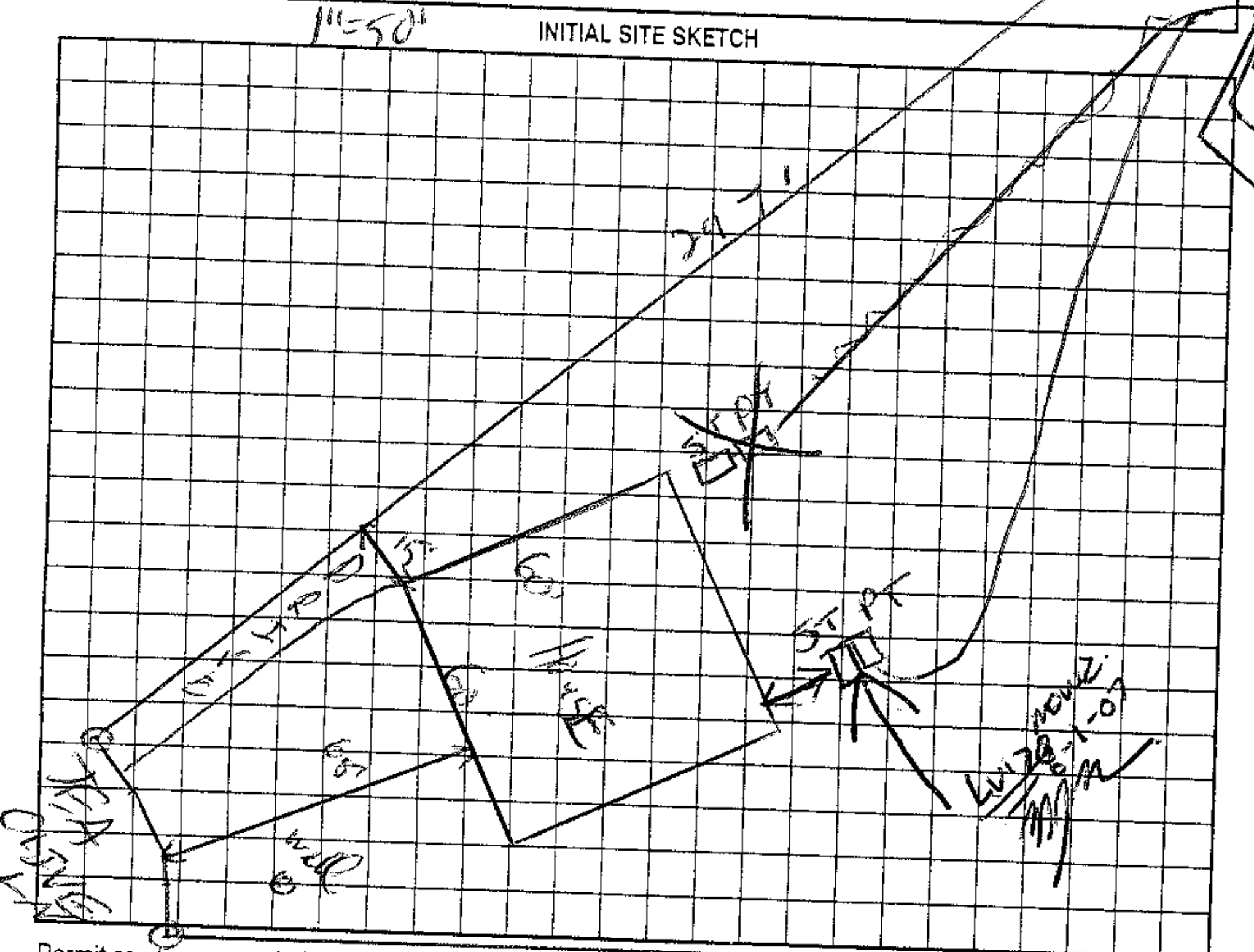
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Pressure, Elect & Alarm

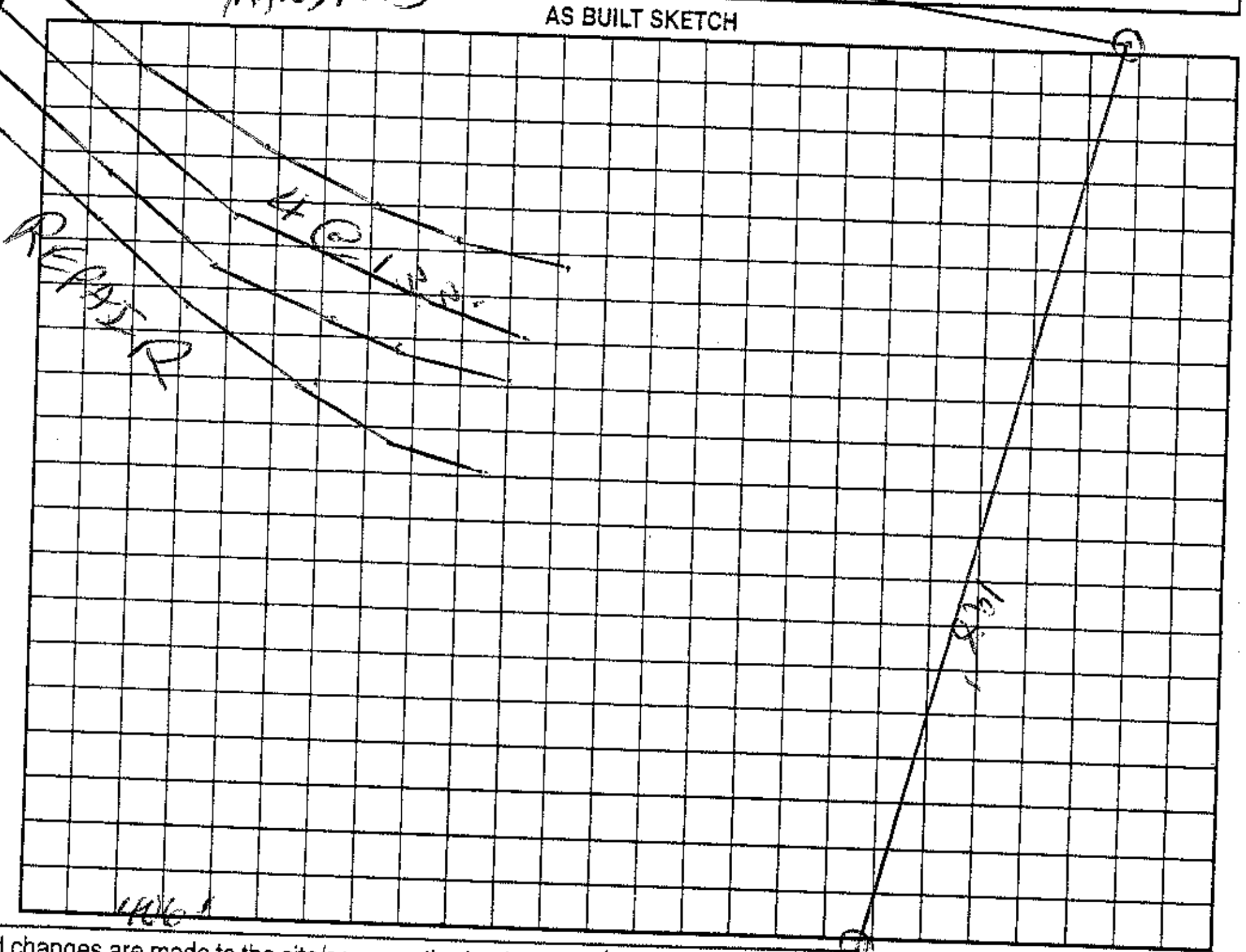
Comments:/Conditions: 3/27/07 Installed 3@133 EZ Flow Checked tanks also.

1" = 50'

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: [signature] date 11-22-07

Improvement Permit by: [signature] date 11/8/04

Authorization to Construct by: [signature] date 10/11/06

Installed by: [signature]

Operation Permit by: [signature] date 8/1/07

Existing System Inspection by: ______ date ______

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