IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125299 PIN# 4639-61-5556.000 82-0267 DATE May 19, 2005

OWNER OR CONTRACTOR Heart Properties Inc / Lasorsa Bldrs PHONE: Business _____ Home _____

ADDRESS 885 N. Hwy 16, DENVER, N.C. 28037

LOCATION Forth Rd (N), TL Levi Lane TR Bay Crossing Dr TR Bay Shore Loop at end

SUBDIVISION Bay Crossing BLOCK / SECTION _____ LOT 60 LOT AREA 1.78Ac SITE CLASS. PS DESIGN FLOW 460gpd L.T.A.R. .03

Septic Tank: ~~1000~~ 1500 Gallons; STB 444 Date 6/24/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 1600 Linear Feet 534'

No Lines 2+2 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity conventional

Repair System Description: Gen. 25% Reduction Repair

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12"

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: Individual installed "Diverted Septon" System Gulfed/completed 4@100'x3' installed

1"=50' N

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 5-19-05

Authorization to Construct by: _____ RS date 1/13/06

Installed by: Odison + Sons.

Operation Permit by: Wesley Sparks RS date 8/1/06

Existing System Inspection by: _____ date _____

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