# IREDELL COUNTY HEALTH DEPARTMENT

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

~~50.00~~ Pd. 50.00 Paid

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

PERMIT# 275 Misc. PIN# 4645-59-2250 4645-59-4104 DATE 8/21/03

OWNER OR CONTRACTOR St. Lawrence Homes PHONE: Business 769-799-1320 Home

ADDRESS 106 Hatfield Way Mooresville 28115

LOCATION 215, TL Alcove, TR Templeton, TR Templeton Bay, TL Parkside on Corner

SUBDIVISION Templeton Bay BLOCK / SECTION LOT 31 LOT AREA 1.28AC SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. 0.3 Initial / 0.25R

Septic Tank: 1500 Gallons; STB 338 Date 10-7-03
Pump Tank: 1500 Gallons; PT 338 Date 10-26-03
Pump Make: Gould Model WEC312MH Serial No. 12/9/03
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 5 @ 100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Press. Man. 25% Red.
Repair System Description: LP Pond Block
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other

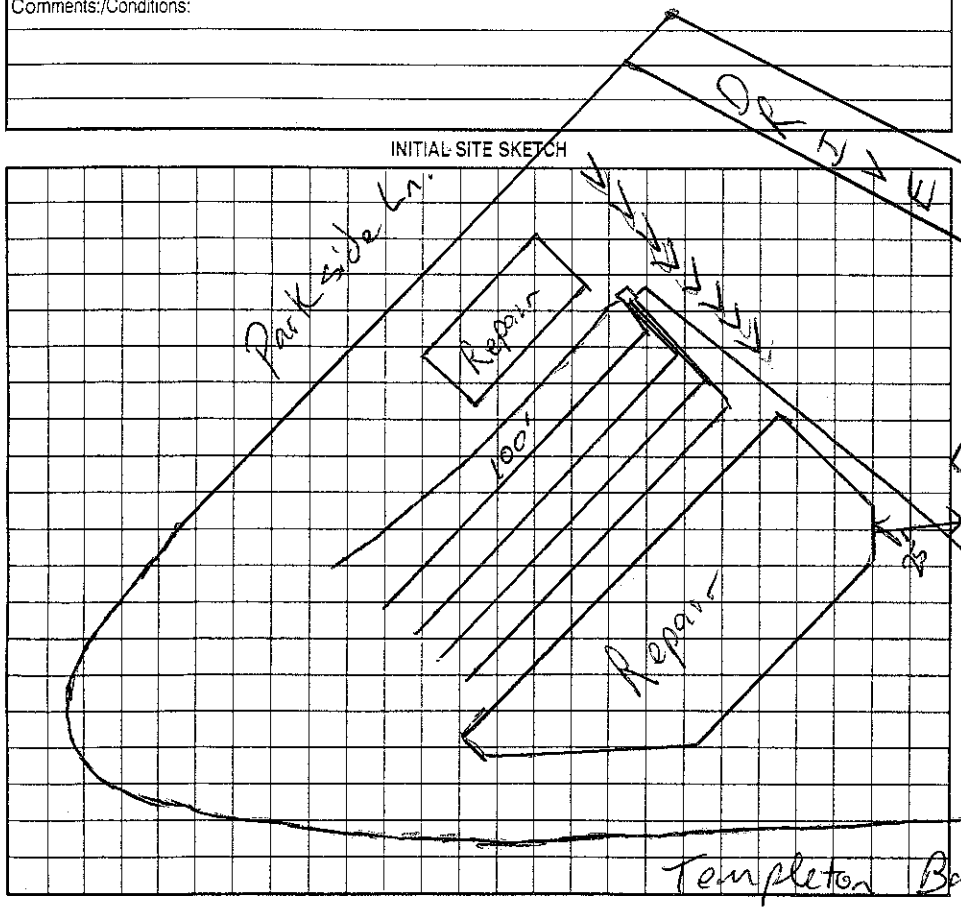
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

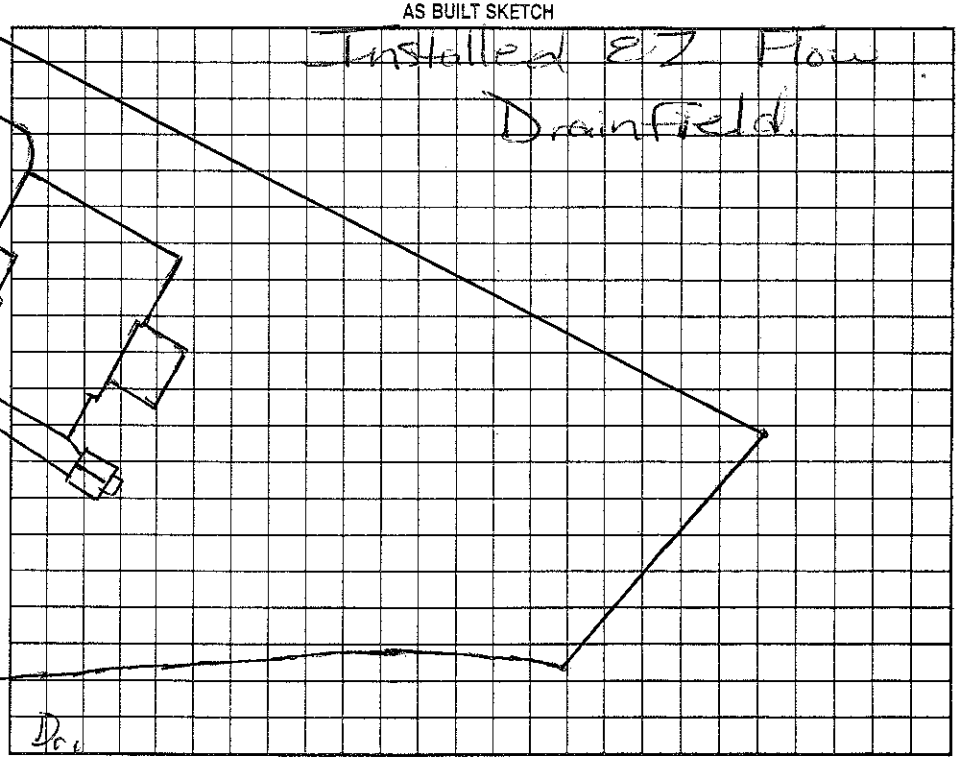
Comments:/Conditions:

Comments:/Conditions: Checked tanks 12/2/03 MS
Checked lines 12/16/03 MS

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 11/18/03 Installed by: R&H

Improvement Permit by: [signature] RS date 8/21/03 Operation Permit by: [signature] RS date 12/30/03

Authorization to Construct by: [signature] RS date 8/21/03 Existing System Inspection by: date

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