IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 17996 PIN# ~~4645 59 2250~~ 4645-59-4549 DATE 7-22-04

OWNER OR CONTRACTOR St. Lawrence Homes PHONE: Business _____ Home _____

ADDRESS 7930 Kenton Circle Suite 160 Huntersville, NC 28078

LOCATION Alcove Rd TR Templeton Bay TR Templeton Bay Tr Paul's Ln on right behind Lot 46 easement

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 56/56A LOT AREA 24395/14400 Ft² SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .25

Septic Tank: 1500 Gallons; STB 338 Date 7/10/04
Pump Tank: 1500 Gallons; PT 421 Date 10/27/04
Pump Make: Myers Model P102 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100 Trench Width 24"-36" Max Trench Bottom Depth 36" Gravel Depth _____

☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: Pump-LP- Panel Block
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

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

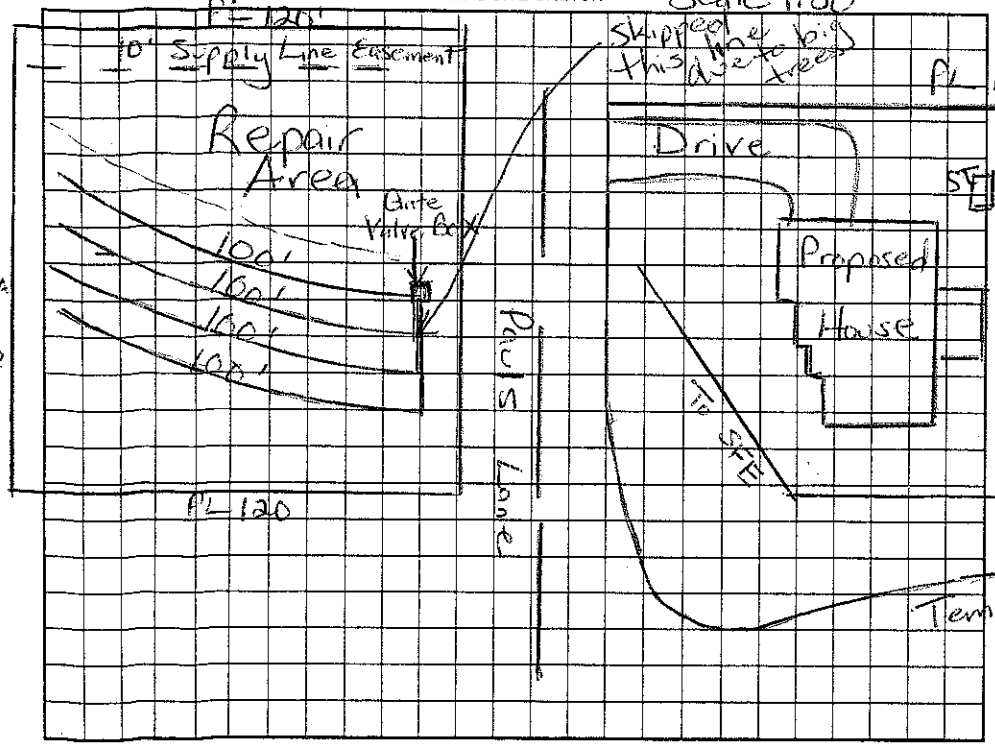
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

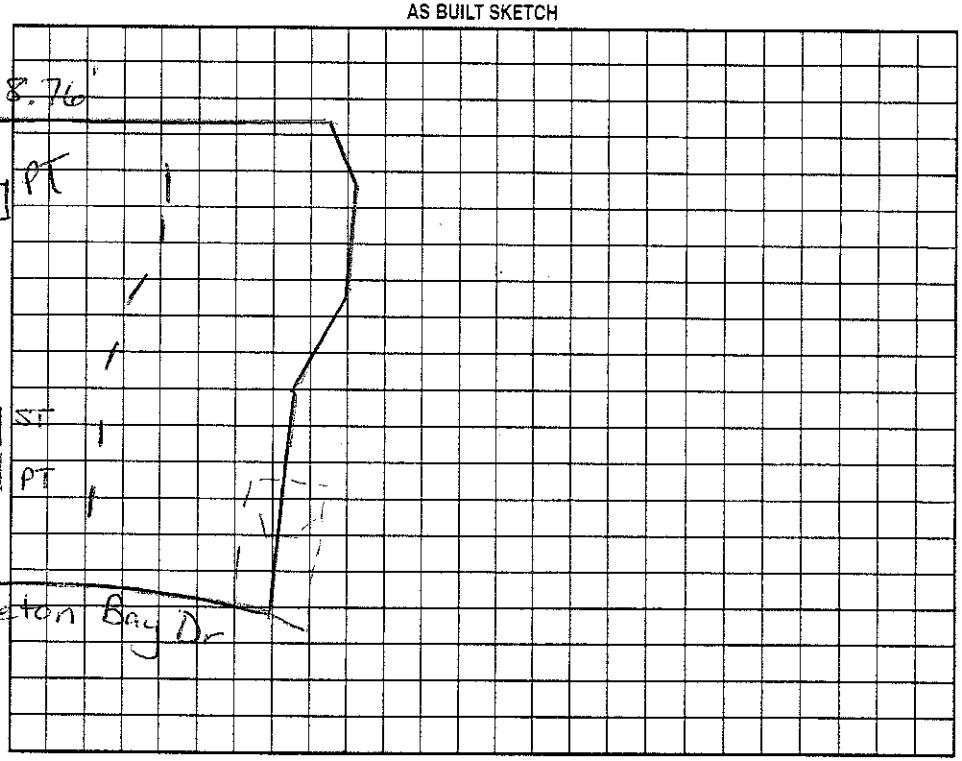
Comments:/Conditions: Remove any old berms in Septic Field Easement.

Comments:/Conditions: Checked tanks & lines 8/17/04 MD
Checked pres, elect & alarm 8/18/04

INITIAL SITE SKETCH Scale 1:50



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 8/17/04 Installed by: R & H

Improvement Permit by: Maria H. Dolson RS date 7/22/04 Operation Permit by: Maria H. Dolson R.S. date 8/19/04

Authorization to Construct by: Maria H. Dolson RS date 7/22/04 Existing System Inspection by: _____ date _____

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