REGENCY LAKE VILLAGE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 MOO LK 704-664-5281

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

PERMIT# 079110 PIN# 4646-18-05 13 DATE 10/16/03

OWNER OR CONTRACTOR J.m Bartlett PHONE: Business _____ Home 615-872-9184

ADDRESS 17 George St. Sayville NY 11782

LOCATION BSR, TL Canvasback, TL Regency, TR 2nd Hazelton, on Lt across From Shalmar St.

SUBDIVISION Regency LAKE VILLAGE BLOCK / SECTION _____ LOT 15 LOT AREA ≈ .5 Ac SITE CLASS. BS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 312 Date 9/4/03

Pump Tank: 1000 Gallons; PT 263 Date 9/11/03

Pump Make: Goulds Model WE05 III HT Serial No. L033353

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 4 Trench Width 24" of 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: LP Panel Block

Repair System Description: Dealer prior to 1993

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other

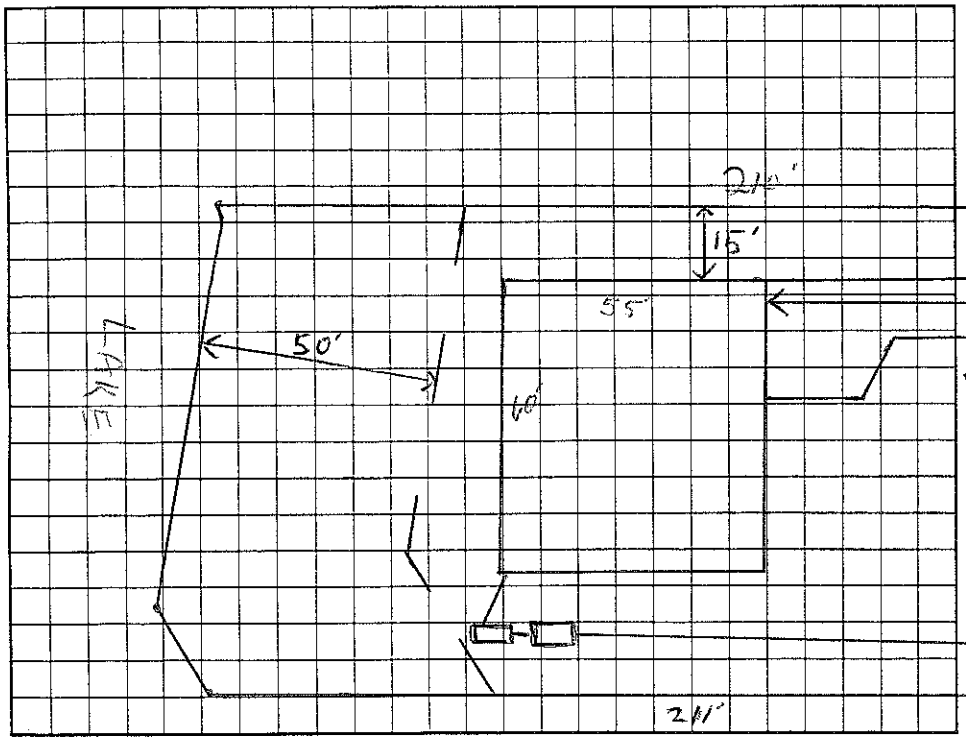
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

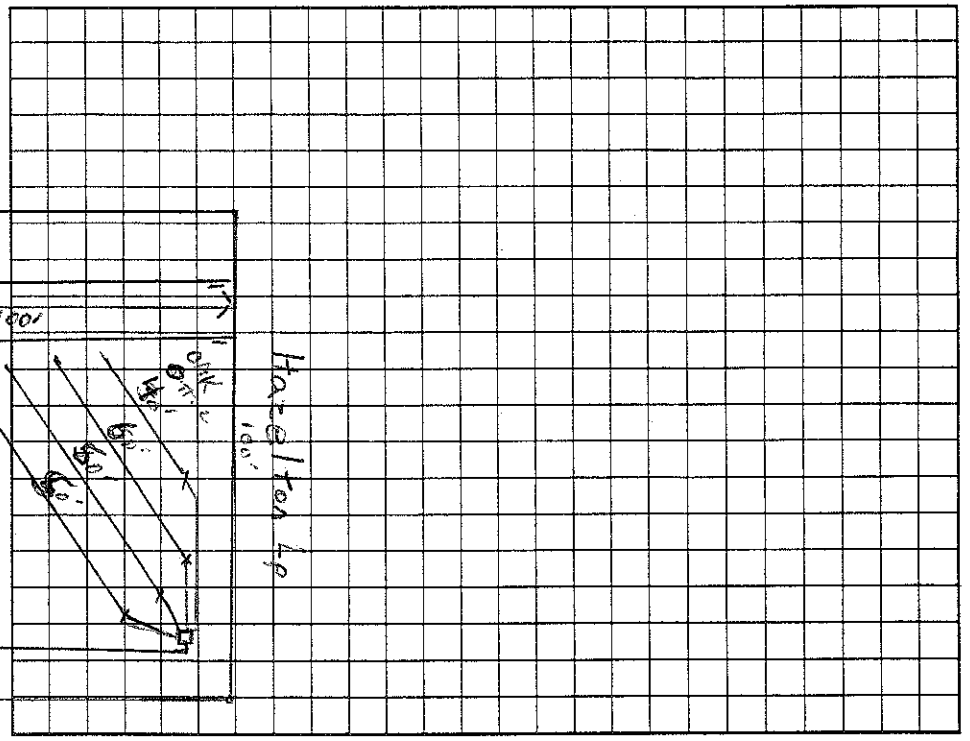
Comments:/Conditions: 9 Foc 9 Foc

Comments:/Conditions:

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 10/21/03 Installed by: Orbison

Improvement Permit by: RS date 10/16/03 Operation Permit by: RS date 7/30/04

Authorization to Construct by: RS date 10/16/03 Existing System Inspection by: _____ date _____

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