As Built

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119641 PIN# 4645592250 DATE 8/24/04

OWNER OR CONTRACTOR St. Lawrence Homes/Susan Mead PHONE: Business _____ Home 663-3593

ADDRESS 210 Templeton Bay

LOCATION Alcove TR Templeton ~~Bay~~ TR Templeton Bay at end on right

SUBDIVISION Templeton Bay BLOCK / SECTION _____ LOT 43 LOT AREA 32,252 SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 7-11-04
Pump Tank: 1000 Gallons; PT 27 Date 7-6-04
Pump Make: Myers Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 280
No Lines 4@70 Trench Width 24-36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

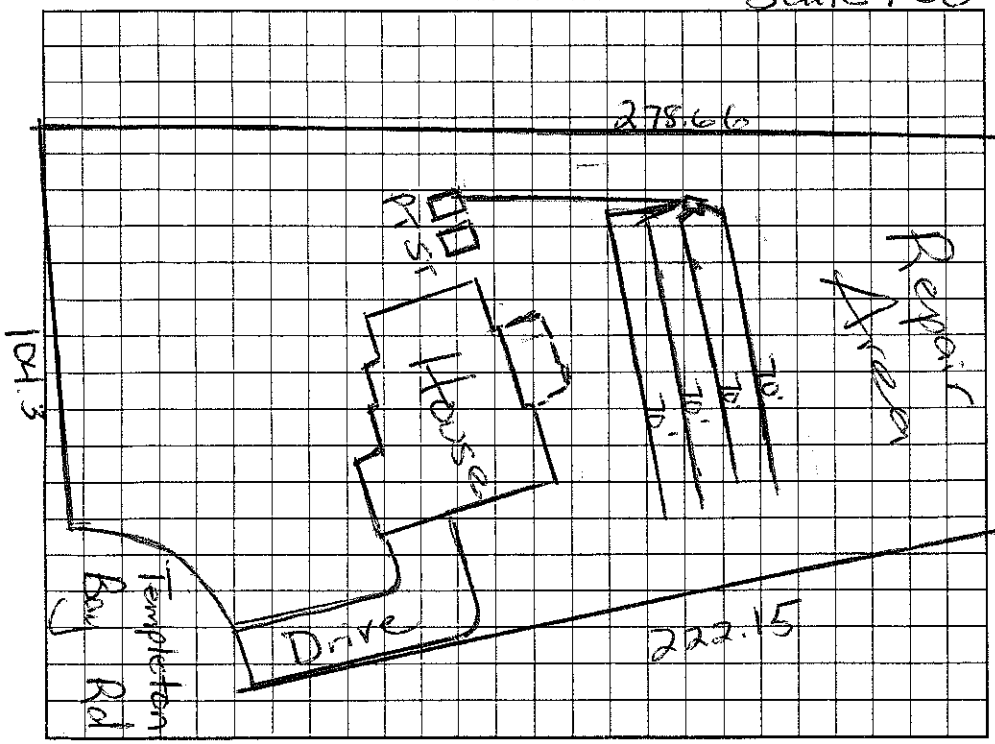
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions:

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INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH

Location of the proposed Deck addition does not appear to impact the existing on-site septic system.**NOTE: Extending Deck

See Site Plan

R. Aebs REHS
Date: 9-20-11
ICHD-Environmental Health Division

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 _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: R & H

Operation Permit by: Maria HH Dolan date 8/24/04

Existing System Inspection by: _____ date _____

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