IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281 2:30

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

PERMIT# 11221 7 PIN# 4645-59-2250 4646-50-1060 DATE 7/16/03

OWNER OR CONTRACTOR St. Lawrence Homes PHONE: Business 704-892-7700 Home

ADDRESS 7930 W. Kenton Cir Huntersville NC 28078

LOCATION Alcove, TR Templeton, TR Templeton Bay on Rt 3.5 past Paul's Ln.

SUBDIVISION Templeton Bay BLOCK / SECTION LOT 48 LOT AREA 0.72AC SITE CLASS. RS DESIGN FLOW 600 L.T.A.R. 0.3

Septic Tank: 1500 Gallons; STB 338 Date 7-15-03
Pump Tank: 1500 Gallons; PT 338 Date 7-1-03
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 500
No Lines 7@72' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Press. Man. 25% Redr.
Repair System Description: LP Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth —

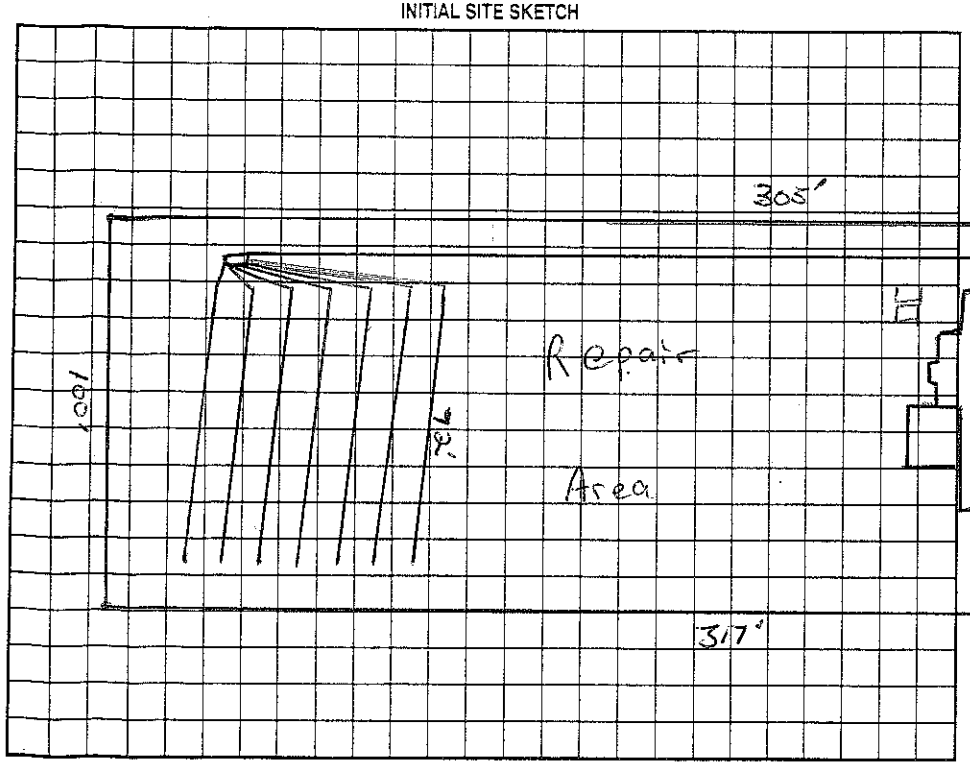
☒ House/Mod. Home No. Bedrooms 5
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☒ Community

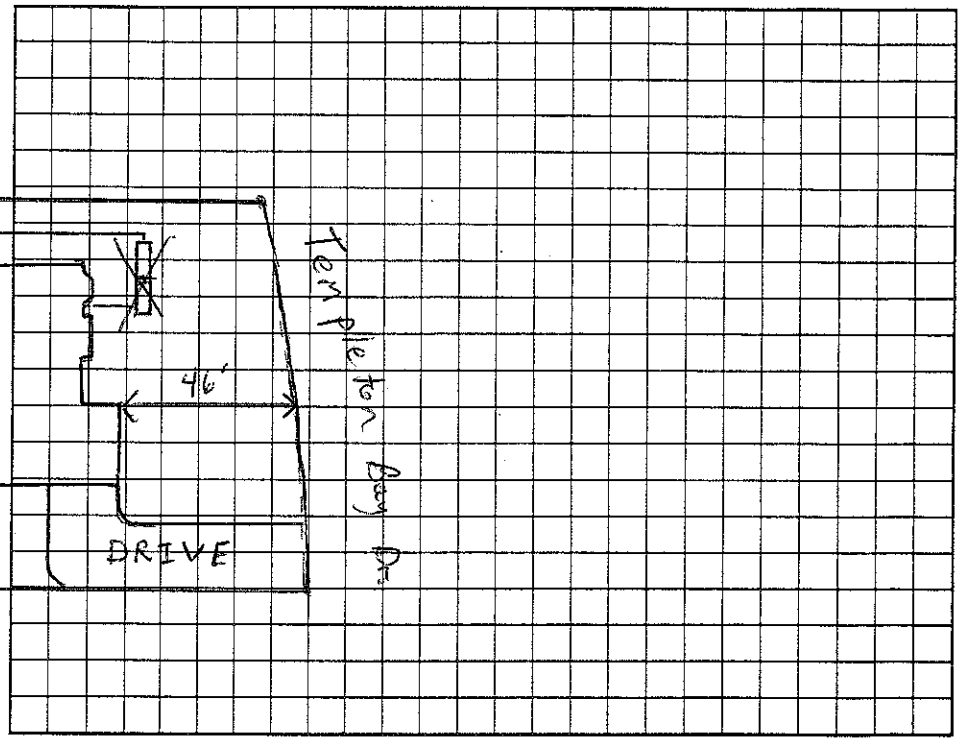
Comments:/Conditions:
1"=50'

Comments:/Conditions: Tanks & lines checked - MD
Press, elect & alarm checked 8/29/03

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 8/26/03 Installed by: R & H

Improvement Permit by: [signature] RS date 7/16/03 Operation Permit by: [signature] RS date 8/29/03

Authorization to Construct by: [signature] RS date 7/16/03 Existing System Inspection by: date

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