IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12465 PIN# 4711-31-3661 DATE 11-22-04

OWNER OR CONTRACTOR DAVID GALE PHONE: Business 704-309-8314 Home 704-489-0232 OFFICE

ADDRESS PO BOX 350833 PALM COAST FL 32135

LOCATION BUFF SHORES (L) LAUREL LOVE (R) HARBOR GATE AT END TO LOT ON CUL DE SAC

SUBDIVISION HARBOR WATCH BLOCK / SECTION 5 LOT 102 LOT AREA 2.77AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 600 Gallons; STB 794 Date 9/27/05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1000' Linear Feet 400'
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II) III, IV, V, VI
System Description: GRAV CONVENTIONAL
Repair System Description: GRAV 250/2 ROW LT
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

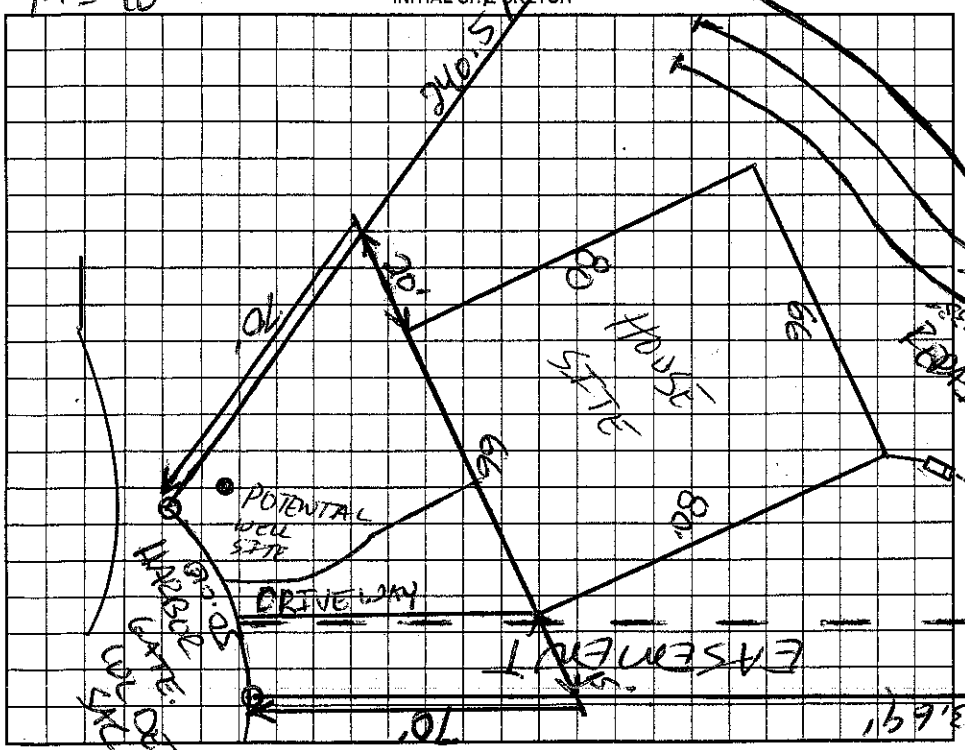
Comments/Conditions: (1) START BASEMENT CUT AT POINT OF LOWEST NATURAL GRADE & DIG INTO HILL. DO NOT ALTER SEPTIC AREA IN DOWN SLOPE. (2) MAINTAIN SETBACKS: KEEP SEPTIC LINES MINIMUM 15' UPSLOPE FROM 2' OLD ROAD BED

Comments/Conditions: EMBANKMENT CUT. (3) INSTALL LINES ON CONTOURS.

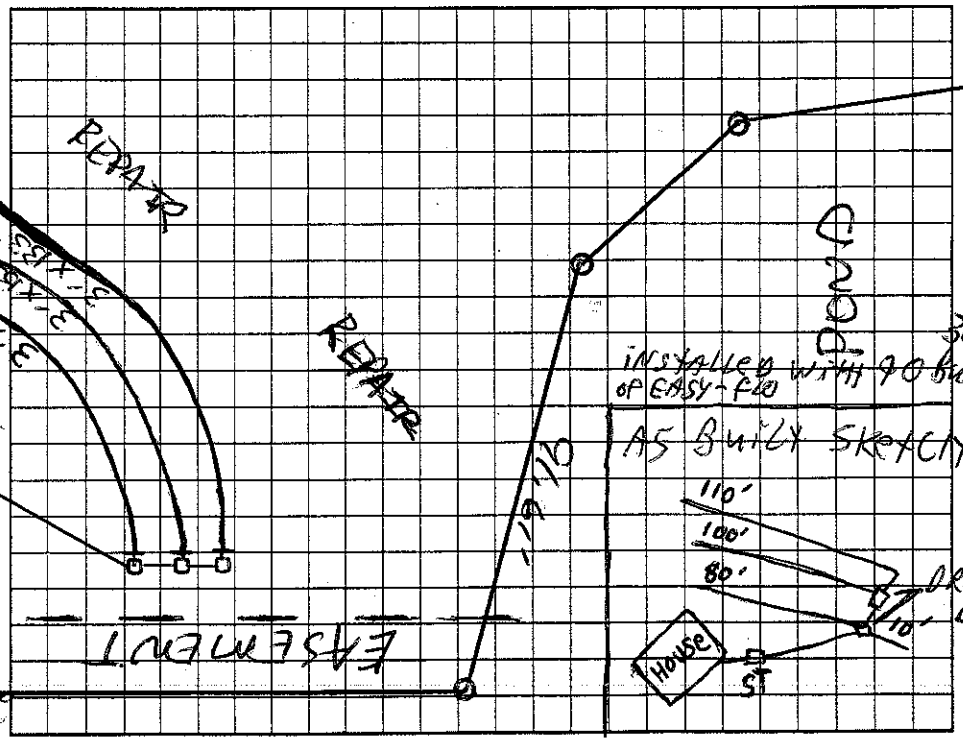
SEPTIC TANK W/ MARKER AND RISERS. RPO POLY-LOC FILTER.

1" = 40'

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 11-23-04 Installed by: HOWARDS BACKHOE

Improvement Permit by: ____ date 11-23-04 Operation Permit by: ____ date 7/22/05

Authorization to Construct by: ____ date 11-22-04 Existing System Inspection by: ____ date ____

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