CI DATE LIMIT 2300 OR AFTER

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 142263 PIN# 3784-90-8330 DATE 5 June 07

OWNER OR APPLICANT Danny McHargue JR. PHONE: Business 704-902-0804 Home 704-873-7132

ADDRESS 114 Monte Vista Rd.

LOCATION Sharon School Rd. Turn onto Falling Creek Dr. Lot on Left.

SUBDIVISION Sharon Trace BLOCK / SECTION 2 LOT 38 LOT AREA 0.78 ac. SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 0.3 g/ft²/d

Septic Tank: 1000 Gallons; STB 1017 Date 5-7-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Gravel Depth _____ ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Follow contour / Honor all setbacks

Comments:/Conditions: OFFSITE Filter marker 10' ± OFF ALL marker P/L's

INITIAL SITE SKETCH

See Attached Drawing

AS BUILT SKETCH

Installed as Planned

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: Danny McHargue JR date 6-6-07

Improvement Permit by: _____, R.S. date 6 June 07

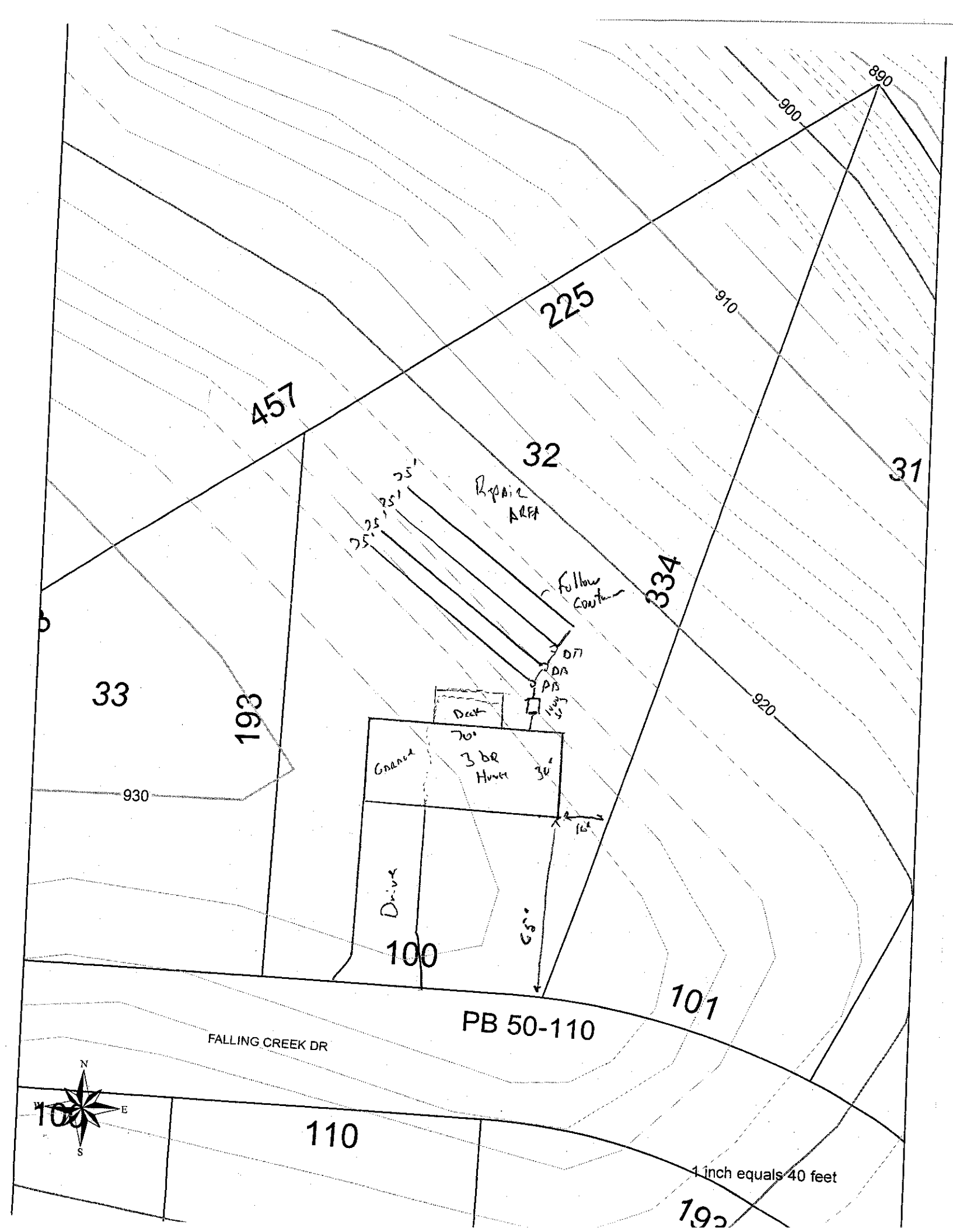
Authorization to Construct by: _____, R.S. date 6 June 07

Installed by: DALE Christi

Operation Permit by: _____ date 11-30-07

Existing System Inspection by: _____ date _____

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


890
900
910
920
930
225
457
32
31
334
33
193
100
101
110
PB 50-110
FALLING CREEK DR
Repair Area
Follow Contour
Dock
70'
Garage
3 BR Home
30'
16'
65'
Drive
25'
1 inch equals 40 feet