IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133729 PIN# 4624896567

OWNER OR APPLICANT Newman McDade DATE 1-19-06

ADDRESS PO Box 131 Mt. Mourne 28123 PHONE: Business 704-634-9409 Home 704-664-6658

LOCATION Brawley School Rd Tl Yacht Rd on right 254 Yacht Rd.

SUBDIVISION Yacht Harbor BLOCK / SECTION ____ LOT 1 LOT AREA .486 SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1307 Date 2/5/06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 @ 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 25% reduction, gravity

Repair System Description: LP Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

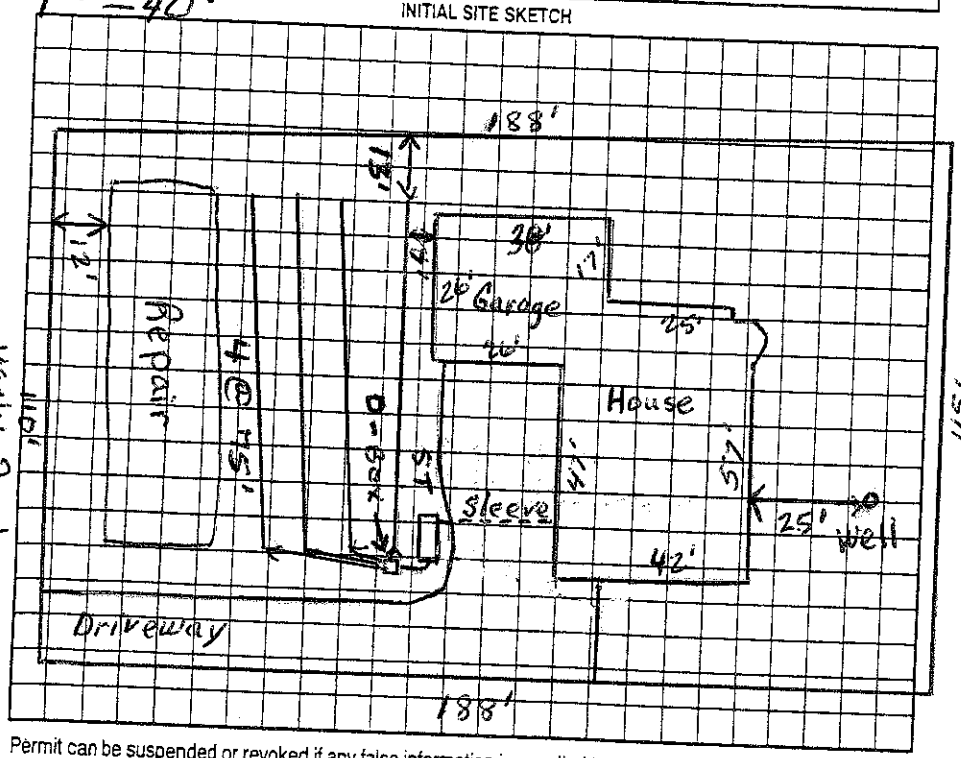
Comments:/Conditions:

① Supply line from house to tank sleeved under driveway ② 13' spacing from trench to PL ③ D-Box w/ speed levelers

Comments:/Conditions:

1" = 40'

INITIAL SITE SKETCH



AS BUILT SKETCH

Quick Installed

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 Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒

Signed: Newman McDade date 1-20-06

Improvement Permit by: Judy Melville date 1-19-06

Authorization to Construct by: Judy Melville date 1-19-06

Installed by: Abernathy

Operation Permit by: [signature] RS date 6/13/06

Existing System Inspection by: ____ date ____

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