3'00

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 2426 PIN# ~~ICA3 ~~ 4625284675 DATE 2/10/98

OWNER OR CONTRACTOR MARK NEEDHAM PHONE: Business _____ Home _____

ADDRESS 257 PONDEROSA CIRCLE · MOORESVILLE NC 28115

LOCATION BRAWLEY SCHOOL - TR BAY HARBOUR - TR HUNTER'S LN 5TH ON RT

SUBDIVISION HARBOUR BLOCK / SECTION ~~II~~ 5 LOT 48 LOT AREA .62 AC SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .3 gpd/sqft

Septic Tank: 1000 Gallons; STB 799 Date 12-3-98
Pump Tank: 1000 Gallons; PT 27 Date 2/25/99
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 533 Linear Feet 270
No Lines 4@67 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, (IV) V, VI
System Description: PUMP PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other _____

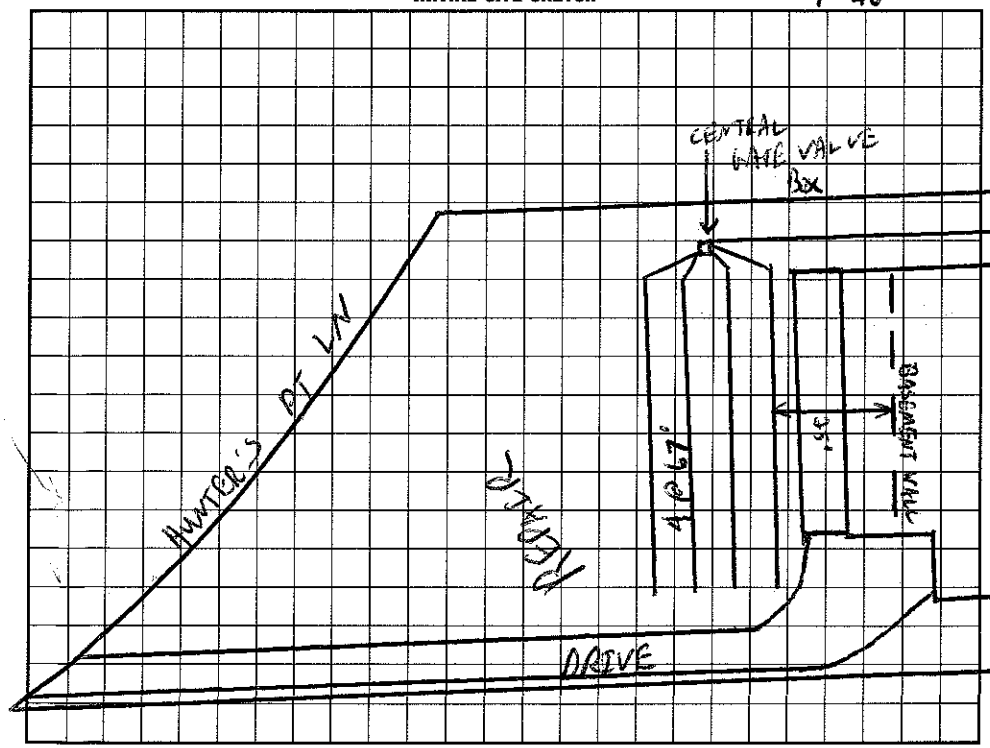
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☑ Community

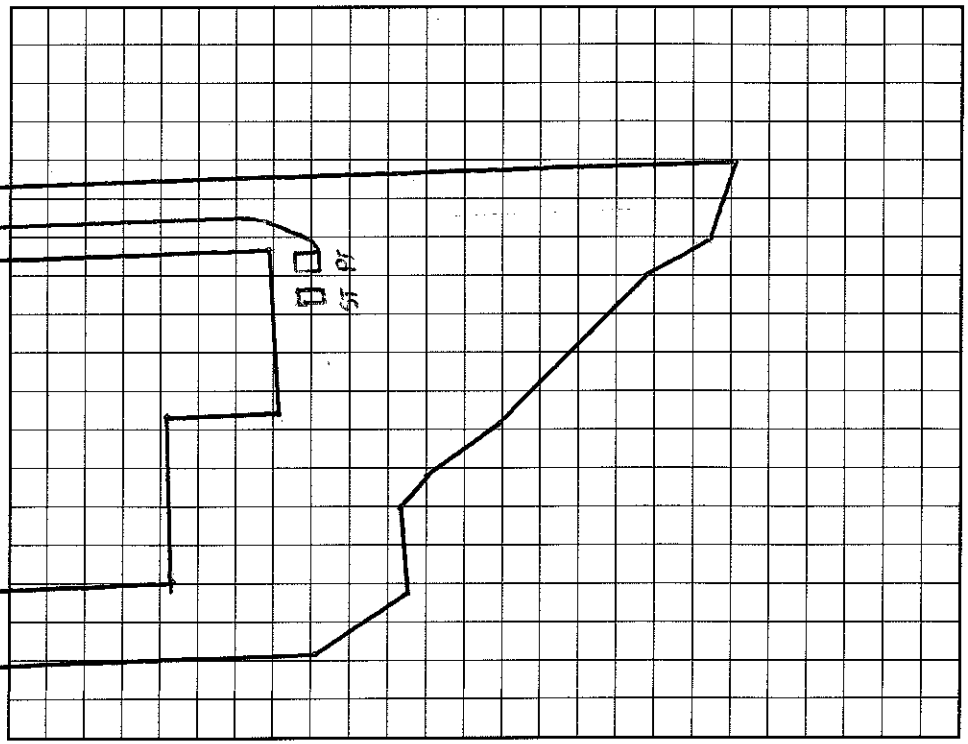
Comments:/Conditions:

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**INITIAL SITE SKETCH** 1"=40'




**AS BUILT SKETCH**



I understand that this 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: Mark Needham date 2/10/98

Improvement Permit by: C. Beaty Lemm RS date 2/10/98

Authorization to Construct by: C. Beaty Lemm RS date 2/10/98

Installed by: FJ ERVEN

Operation Permit by: C Beaty Lemm date 7/20/99

Existing System Inspection by: _____ date _____

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