IREDELL COUNTY HEALTH DEPARTMENT

Authorization to Construct

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 24528 DATE 10/30/96 TAX MAP NO. 2L A 3 Pt of. 4625288651 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR ~~Jay E Lawrence~~ OTTIE CHAMBERS PHONE: Business 376-9600 Home

ADDRESS PO Box 37174 Chas. NC. 28237-7174

LOCATION Bay Sch TR Bay Harbor TR Hunter Pt Ln. on (R) across from Pt Harbor Dr.

SUBDIVISION Harbour BLOCK / SECTION 5 LOT 51 LOT AREA .804 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. ~, 3

Septic Tank: 1000 Gallons; STB 338 Date 9/14/00

Pump Tank: 1000 Gallons; PT Date 9/9/00

Pump Make: MYERS Model ME-50-521 Serial No. 25325D009

Nitrification Field: No Fields 1 Square Feet 1260 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth SAND.

X New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CH PLASTIC - PRES. MANIFOLD

Repair System Description: 16" PPBS

Maintenance Agreement Required: ☐ Yes X No

X 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 X Community ☐ Public

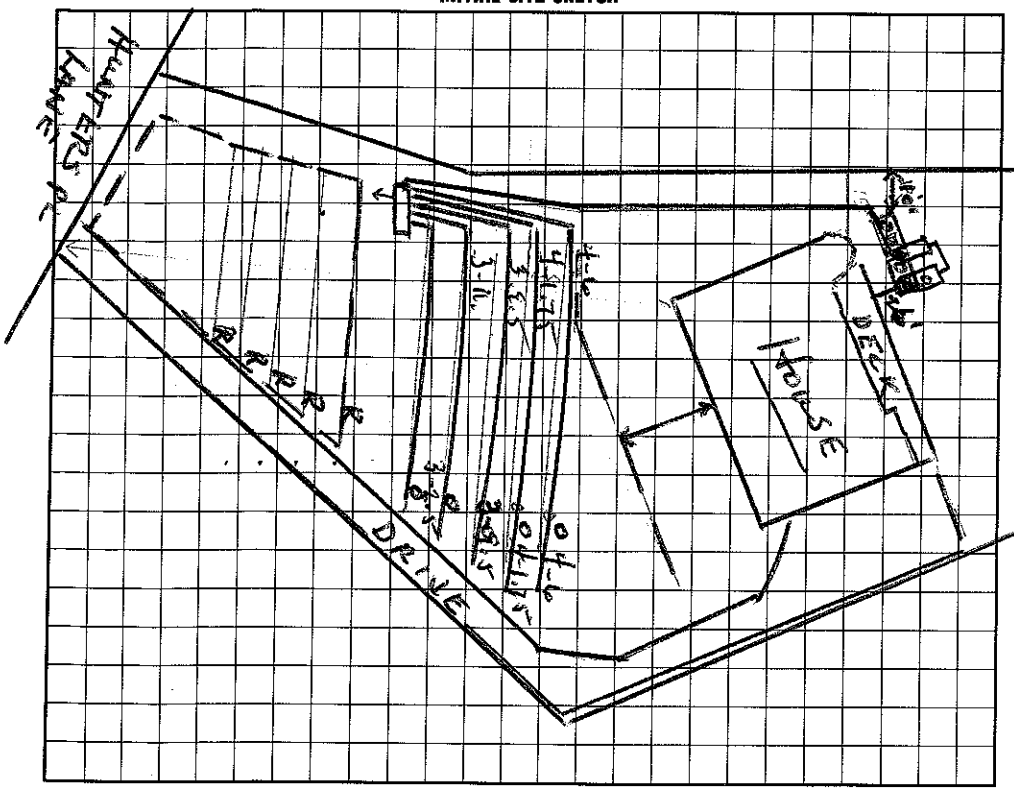
Comments: Sand fill required around Ch Plastic sections.

Comments: PS per 1956

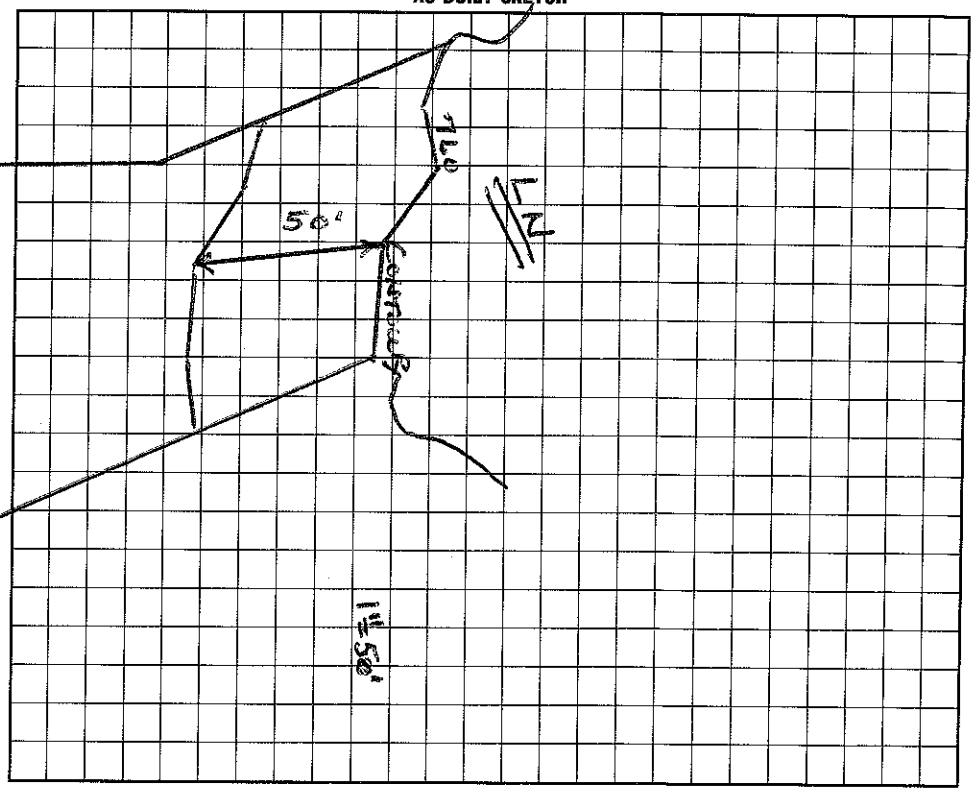
3/8/00 - Revised Site Plan - is acceptable to IC HD, may require building permits - AWS

10/19/00 - 2 Z Flow

INITIAL SITE SKETCH



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.

Signed: * Authorization to Construct valid for 60 months.

Improvement Permit by: Wesley Sparks RS. date 10/30/96

Existing System Inspection by: Wesley Sparks RS. date 10/30/96

Both PS Cond

Installed by: R + N Clne.

Certificate of Completion by: Marion H Gibson RS date 12/29/00

Operation Permit by: Marion H Gibson RS date 12/29/00

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