IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-663-3281

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

PERMIT# 25762 PIN# 2C A3 Pt of. 4625 28 9104 DATE 3/13/00

OWNER OR CONTRACTOR Tom Rathburn PHONE: Business 488-4656 Home 799-0134

ADDRESS 267 Spring Run Dr. Mooresville, NC. 28117

LOCATION Bay Harbour TR Hunters Point Ln. TL Pointe Harbour Ln. first lot on (L)

SUBDIVISION HARBOUR BLOCK / SECTION 5 LOT 34 LOT AREA ~1AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 6/6/00
Pump Tank: 1000 Gallons; PT 27 Date 2/2/00
Pump Make: GOULDS Model WE07512M Serial No. K003067H
Nitrification Field: No Fields 1 Square Feet * 1200 Linear Feet 400
No Lines ~~86~~ Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel Depth~~ SAND.

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: PM – CH PLASTICON HDS
Repair System Description: Pressure – 16" PPBS
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 5
☐ Business No. Employees
☐ Other

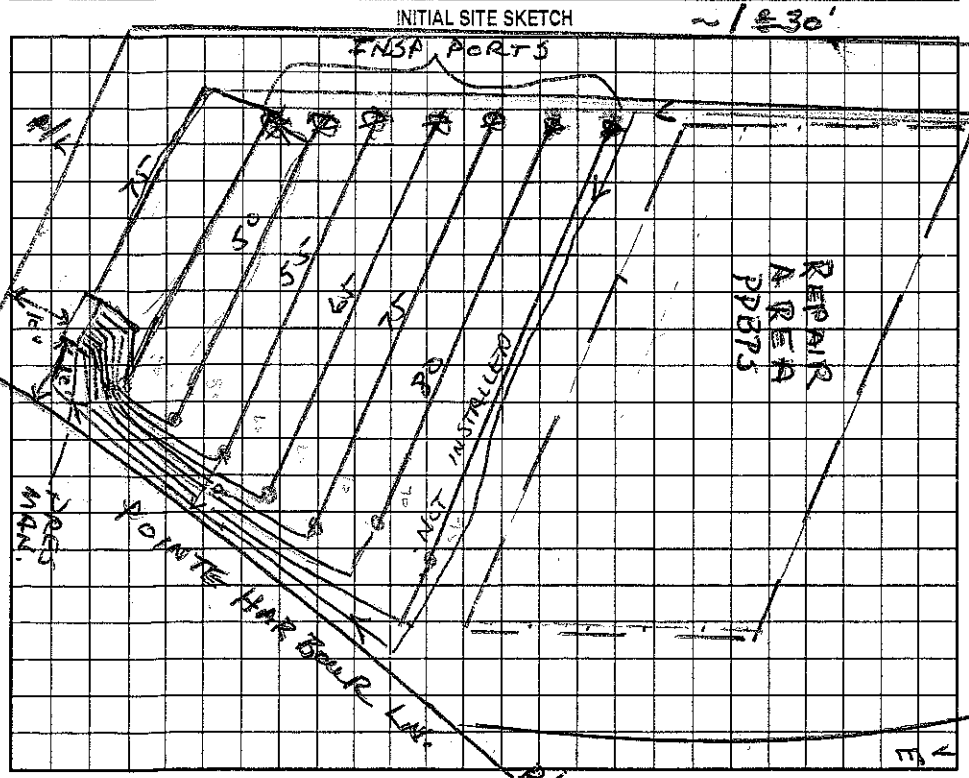
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

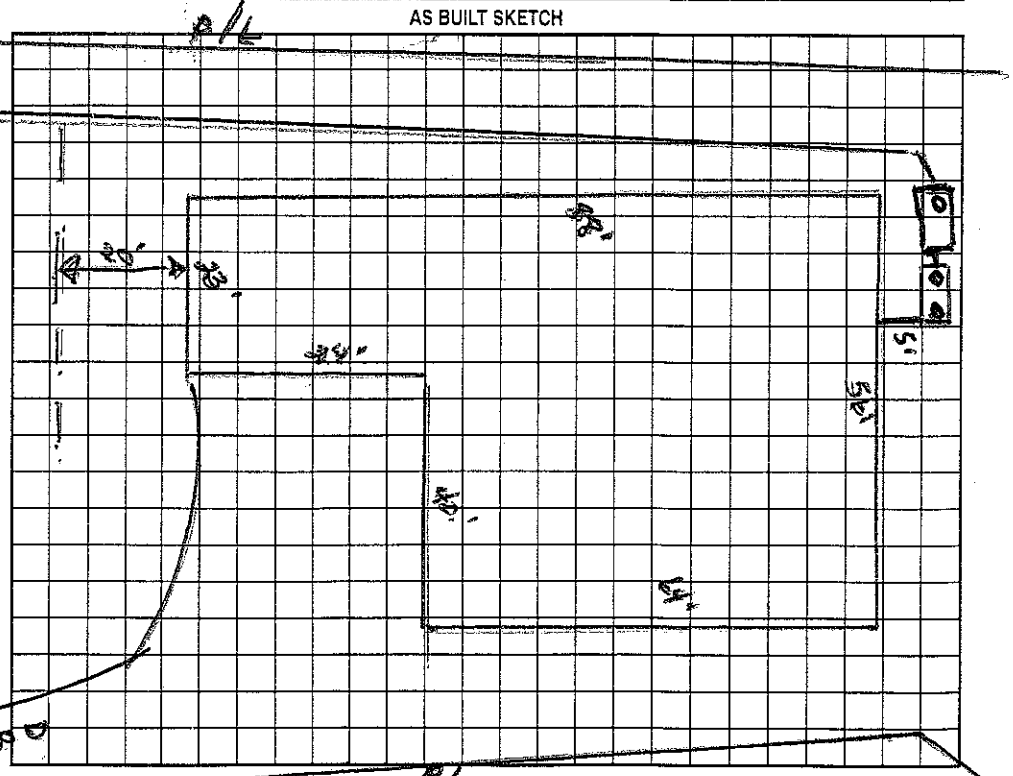
Comments:/Conditions:

Comments:/Conditions: E-Z Flow chamber

INITIAL SITE SKETCH ~1 & 30'



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: * Thomas Rathburn date 3-15/00 Installed by: Orbison Const. Co.

Improvement Permit by: Wesley Sparks RS. date 3/13/00 Operation Permit by: Wesley Sparks RS. date 4/26/01

Authorization to Construct by: Wesley Sparks RS. date 3/13/00 Existing System Inspection by: date

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