# 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. 069468 DATE 10/23/97 TAX MAP NO. 462 5577217 4625 47 6790 Watershed: ☒ ~~Yes~~ ☐ No

OWNER OR CONTRACTOR M/I HOMES PHONE: Business 663-6405 Home

ADDRESS 1043 E MOREHEAD ST STE 105 CHARLOTTE NC

LOCATION BRAWLEY SCHOOL RD. TR BAY HARBOUR - TL LAKE WEST. TR SILVER EAGLE - AT END OF RT

SUBDIVISION HARBOUR BLOCK / SECTION 4 LOT 31 LOT AREA SITE CLASS. ES DESIGN FLOW 360 GPD L.T.A.R. .36 PP/EA

Septic Tank: 1000 Gallons; STB 794 Date 8/20/98

Pump Tank: 1000 Gallons; PT 27 Date 8/22/98

Pump Make: HYDROMATIC Model SHEF50A1 Serial No. 12/98

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: PUMP CHAMBER OR HDS

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

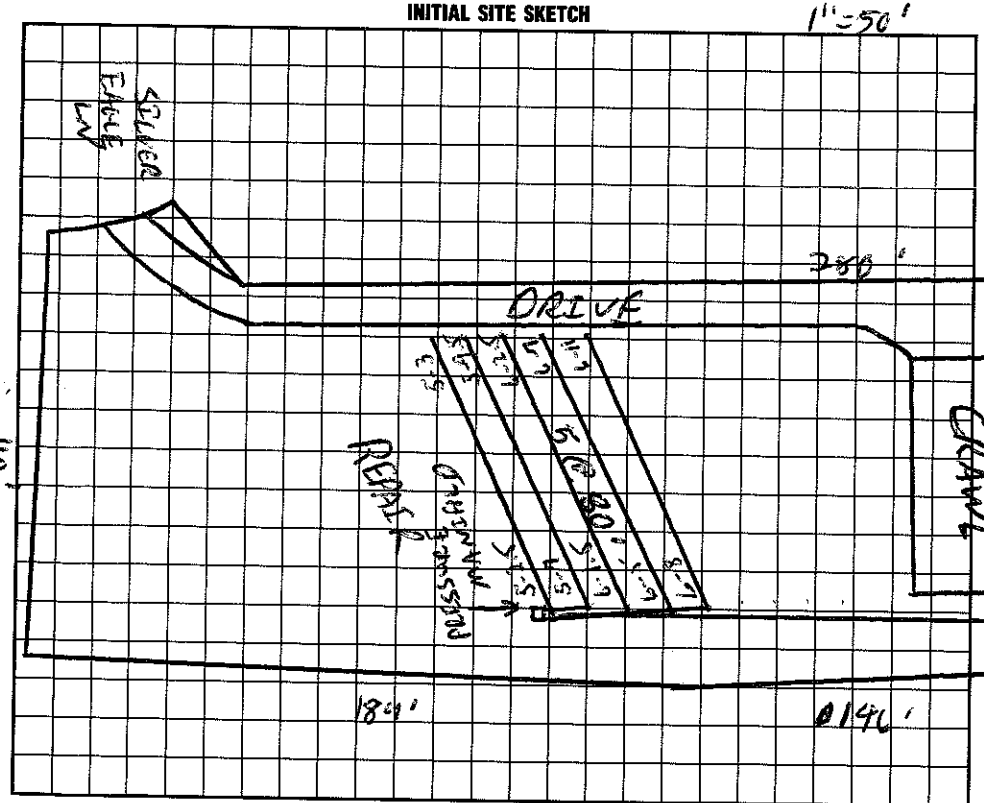
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Community ☐ Public

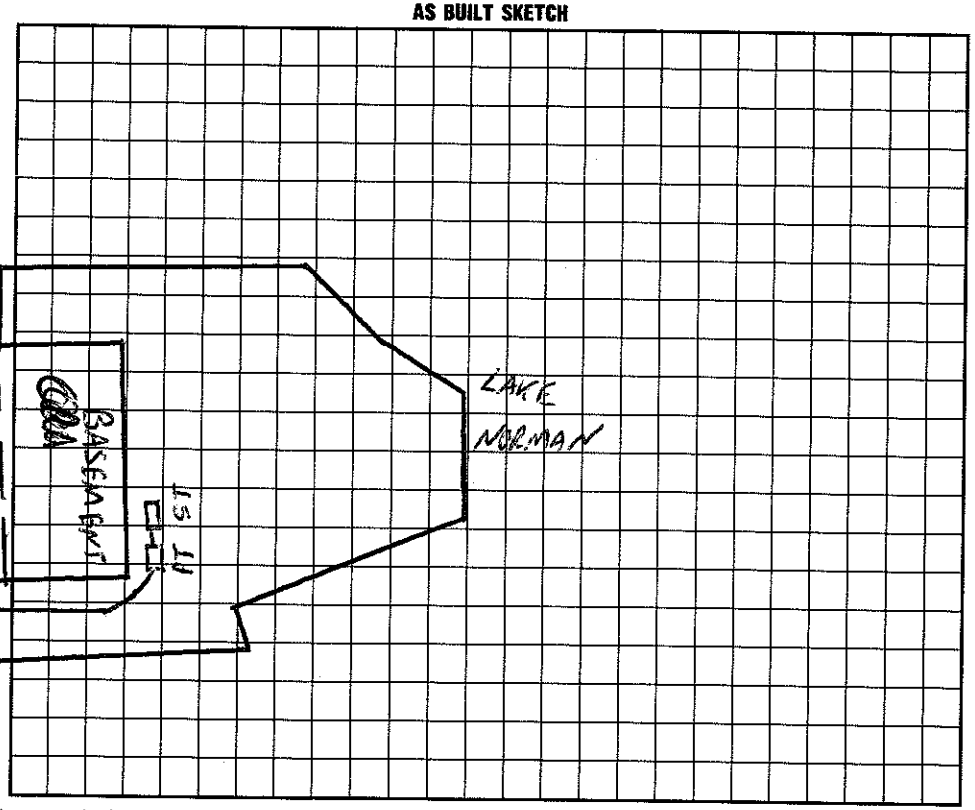
Comments:

Comments: PARTIAL BASEMENT
Repair system must be 16" PP BES due to Easement for Sec 2 Lot 32 Recorded BK 1080 Pg 0591 by MI Homes.

INITIAL SITE SKETCH 1" = 50'




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 is valid for 60 months from date of issuance.

Signed: Tony C Jones 10-24-97

Improvement Permit by: C. Brady Freeman RS date 10/23/97

AUTHORIZATION TO CONSTRUCT ~~Existing System Inspection by:~~ C. Brady Freeman RS date 10/23/97

Installed by: MacLeod Const.

Certificate of Completion by: Wesley Speaks RS date 1/9/99

Operation Permit by: date

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