AUTHORIZATION TO CONSTRUCT

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-[illegible]

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INS.

PROPERTY DESCRIPTION NO. 2/684 DATE 12/19/96 TAX MAP NO. ~~part of~~ 2CA 3 4625487132 Watershed: ☐

OWNER OR CONTRACTOR M/I HOMES PHONE: Business 663-6905 Home

ADDRESS ~~BRANCH~~

LOCATION BRIDWIEY SCHOOL RD. TR BAY HARBOUR. TL LAKE MIST RD. TR SAND DOLLAR LANE.

SUBDIVISION HARBOUR BLOCK / SECTION LOT 37, 37A LOT AREA SITE CLASS. B DESIGN FLOW 900 GPD L.T.A.R. .36 PD/FT²

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: HYDROMATIC Model SKHD 1500 Serial No.

Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 240

No Lines 7 @ 40' 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 - OFF SITE

Repair System Description: SAME - ON SITE

Maintenance Agreement Required: ☑ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees

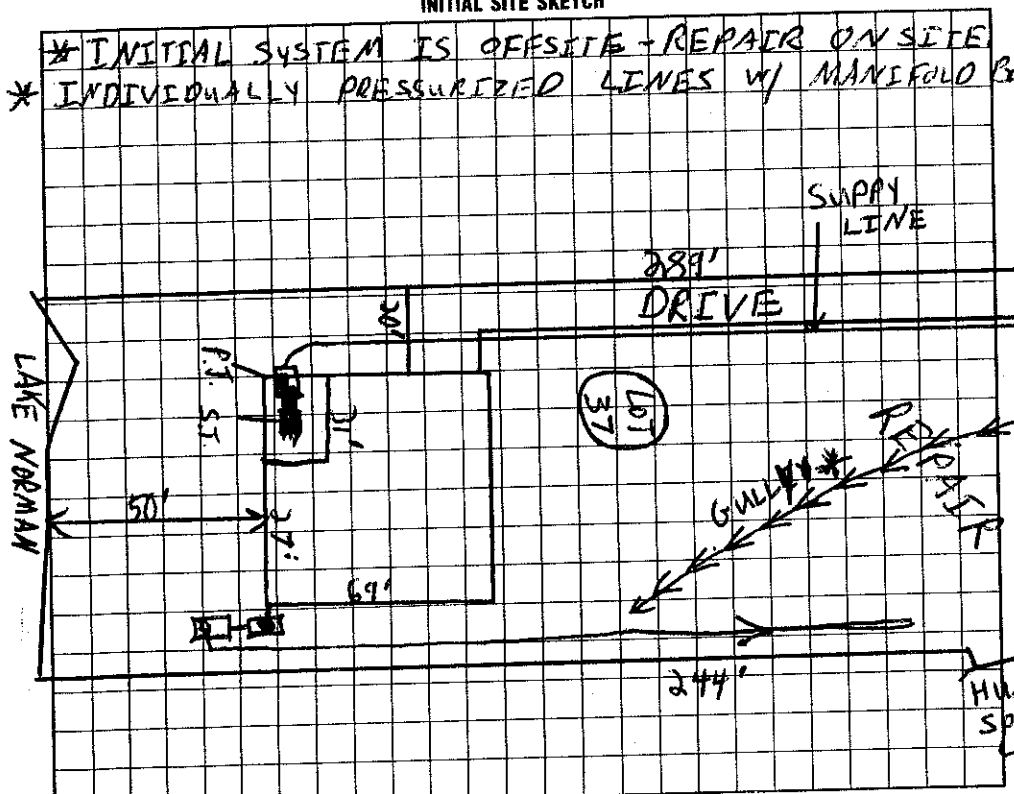
Water Supply: ☐ Individual ☑ Community ☐ Public

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

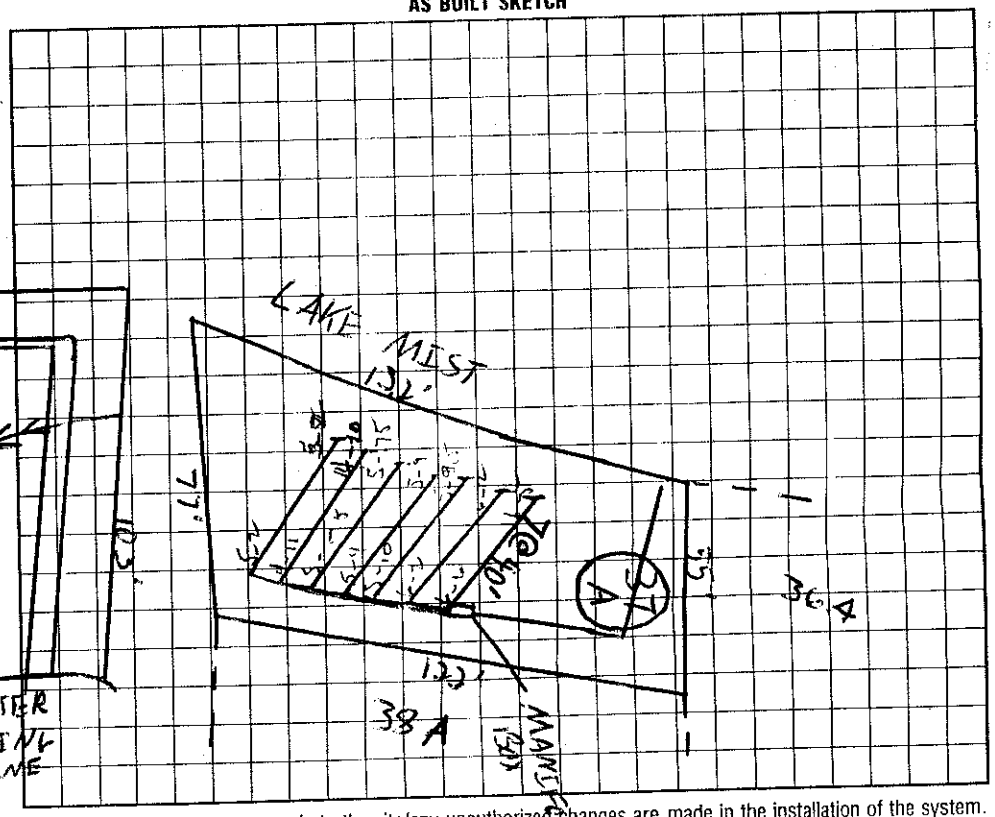
Comments: * GULLY TO BE FILLED PROPERLY BEFORE SYSTEM CAN BE COMPLETE.
*SUPPLY LINE SHALL FOLLOW DRIVE - NOT TO CUT INTO REPAIR AREA

Comments:

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: Tammy Upchurch, RS (Agent)

Improvement Permit by: [illegible] EHSE date 12/19/96

Installed by: Machine Const.

Certificate of Completion by: Wesley Sparks RS. date 5/8/97

Operation Permit by: Wesley Sparks RS. date 5/8/97