IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 21685 PIN# ~~pt of 2C43~~ 4625487291 DATE 3/8/99

OWNER OR CONTRACTOR MI Homes PHONE: Business TJACOBS 663-6905 Home

ADDRESS 1043 E. Morehead St. Charlotte, NC.

LOCATION Hunters Spring Lane

SUBDIVISION HARBOUR BLOCK / SECTION 2 LOT 38+38A LOT AREA > 20,000 FT² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 11/2/99

Pump Tank: 1000 Gallons; PT 29 Date 12/29/98

Pump Make: HYDROMATIC Model ~~SK100 GHT~~ Serial No. ~~4199~~

Nitrification Field: No Fields 1 Square Feet 945* Linear Feet 315*

No Lines 9@35'x3' Trench Width 36" Max Trench Bottom Depth 48" Gravel Depth SAND.

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

System Description: Pressure - 16" PPBS *

Repair System Description: ON AREA 38A - 16" PPBS

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees

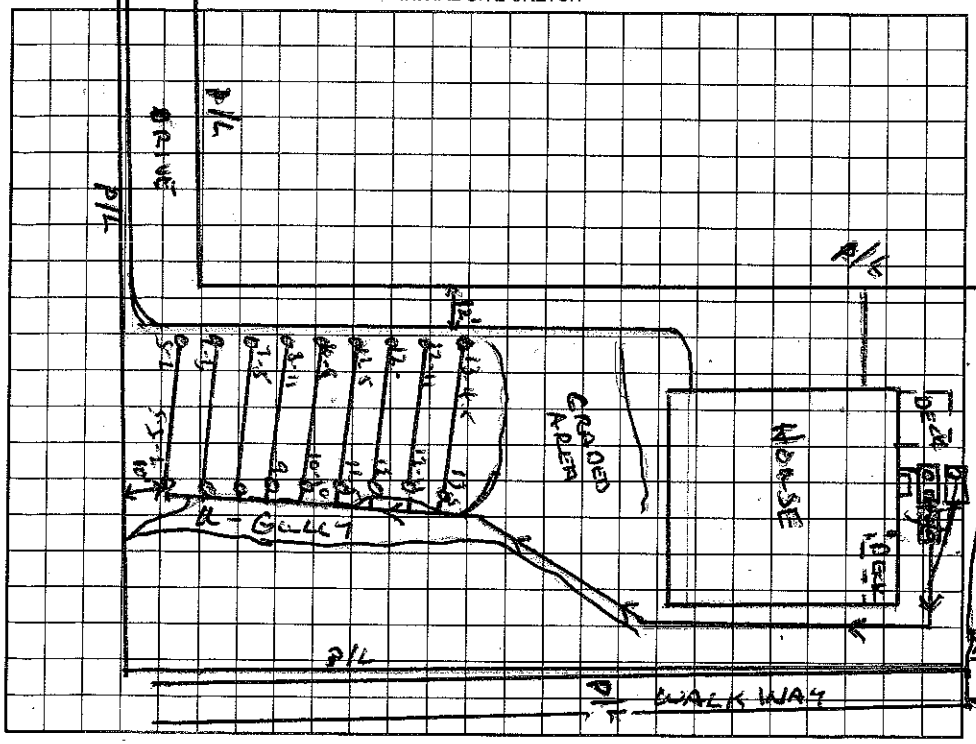
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

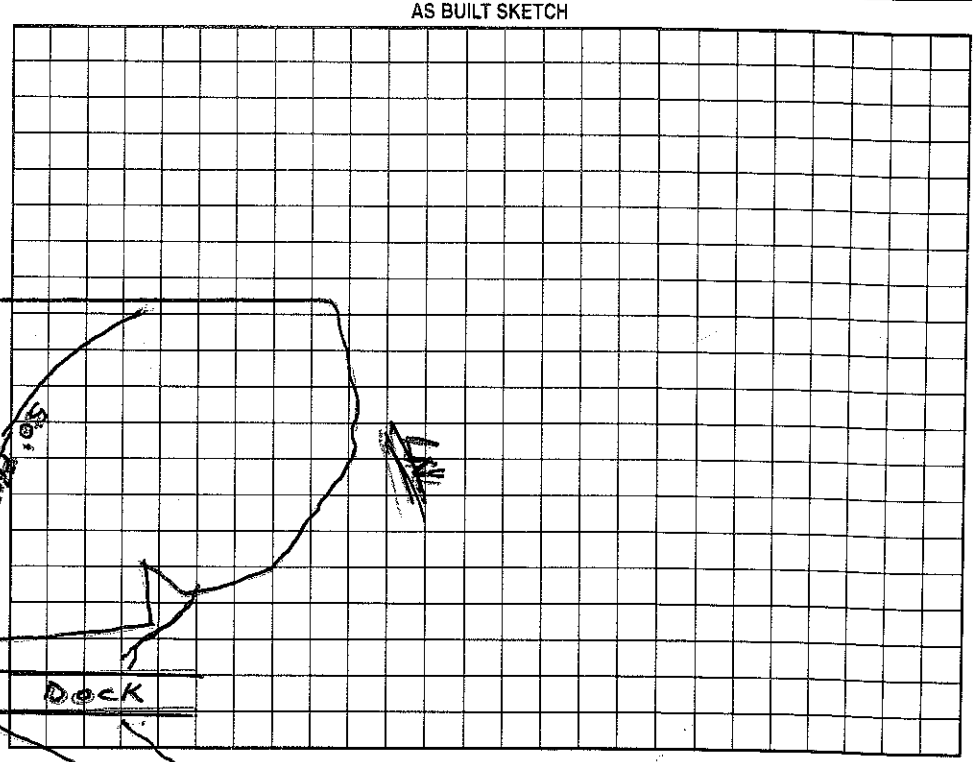
Comments/Conditions: 50% reduction in linear footage calculated - should meet permit calls for. SHEF 12/98

Comments/Conditions:

INITIAL SITE SKETCH



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: [signature] date 3/4/99 Installed by: Macleod Const.

Improvement Permit by: Wesley Sparks RS. date 3/8/99 Operation Permit by: Wesley Sparks RS. date 3/25/99

Authorization to Construct by: Wesley Sparks RS. date 3/8/99 Existing System Inspection by: date

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