IREDELL COUNTY HEALTH DEPARTMENT

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

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

PROPERTY DESCRIPTION NO. 21844 DATE 8/27/95 TAX MAP NO. 2F 12 A 40 4625 49 6109 Watershed: [X] Yes [ ] No

OWNER OR CONTRACTOR M I Homes PHONE: Business 376-9800 Home

ADDRESS 1043 E Morehead St. #105 Char 28204

LOCATION Sunrise Cir Brow Sch TR Bay Harbour TL Lakehurst TR Sunrise straight ~.2 mile on (R)

SUBDIVISION Harbour BLOCK / SECTION 1 LOT 40 LOT AREA .48 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1500 Gallons; STB 797 Date 5/24/96
Pump Tank: 1000 Gallons; PT 27 Date 6/1/96
Pump Make: Liberty Model LE 51A Serial No. 3007 (345)
Nitrification Field: No Fields 1 Square Feet 1371 Linear Feet ~~240~~ (459)
No Lines ~~6~~ 5 Trench Width 24" Max Trench Bottom Depth 32" Gravel Depth 6" SAND

[X] New System [ ] Repair System Type: I, II, (III), ~~IV~~, V, VI
System Description: 16" Panel - Pres Dosed
Repair System Description: Same
Maintenance Agreement Required: [X] Yes [ ] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

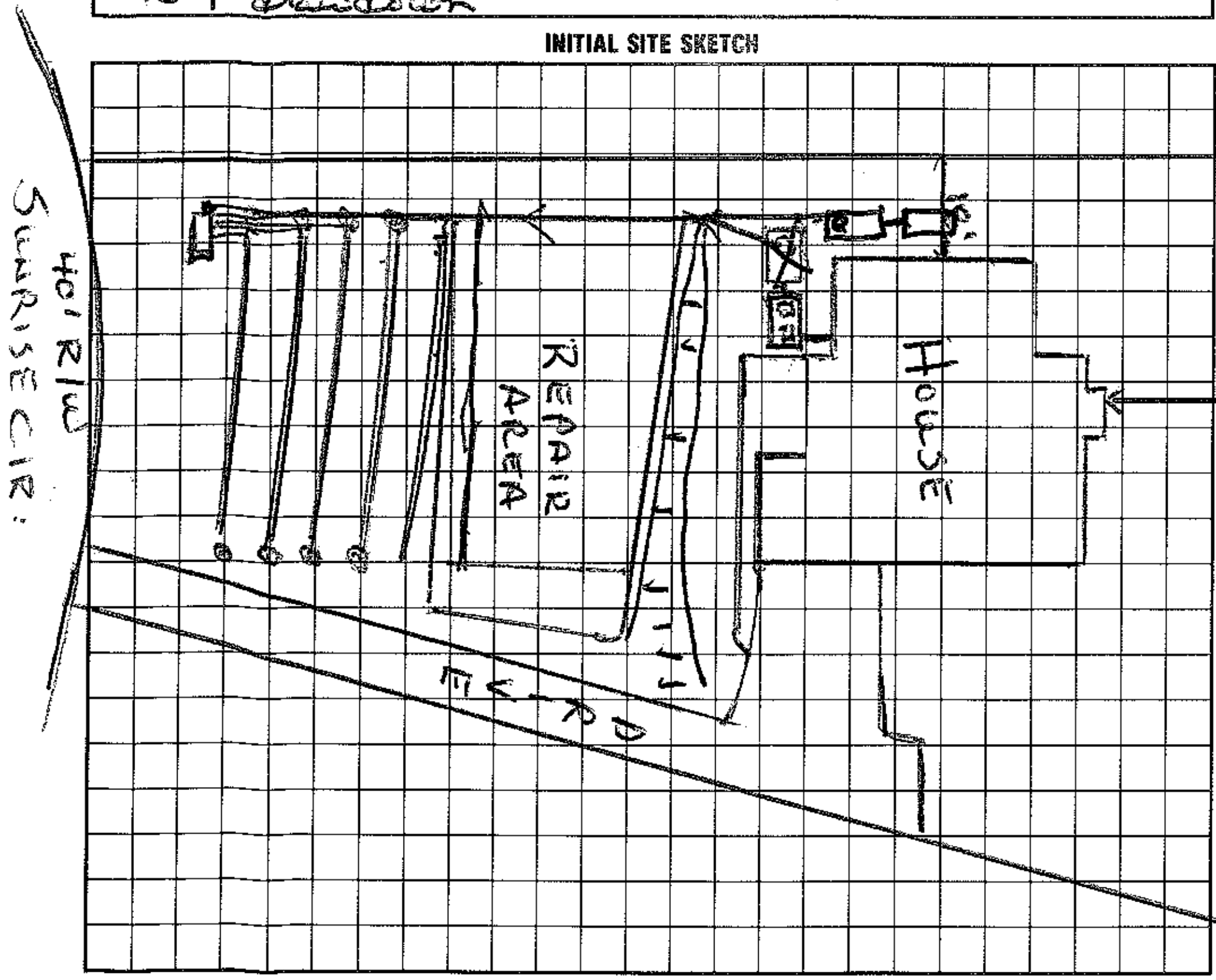
[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 3.5
[ ] Business No. Employees
[X] Other Garbage Disposal

Water Supply: [ ] Individual [X] Community [ ] Public

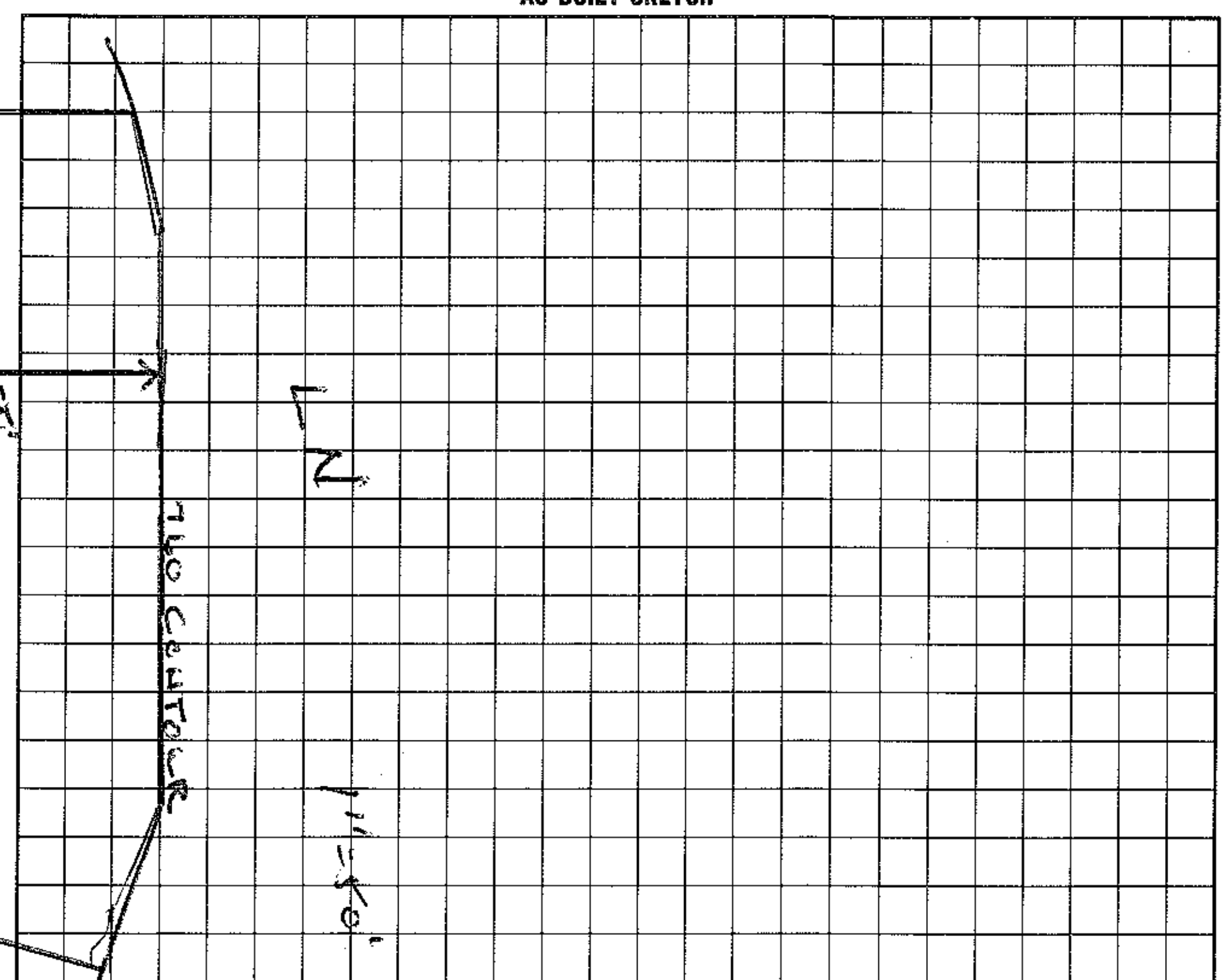
Comments: * 16" Prefab Panel Blocks Pres Dosed
3/16" hole/panel in 12:00 position
55 panels / 32 GPM pump min. / 150 gals/dose
~7" drawdown

Comments: 6/18/96 - Authorized change to Pres. Manifold with 345 feet of Ch. Plastic (5 lines a 69' x 3')
Reduced to type III system
Sand backfill required - ABS

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: Marvin O. Amor
Improvement Permit by: Wesley Sparks RS. date 8/27/95
Existing System Inspection by: date

Installed by: R.A. MacLeod
Certificate of Completion by: date
Operation Permit by: C. Bentley [illegible] BHSI date 7/23/96

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