IREDELL COUNTY HEALTH DEPARTMENT

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

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

(10 of 30) ~~3 of 30~~ McDaniel

PERMIT# 18299 PIN# 2C2A25

OWNER OR CONTRACTOR CRI II. Dick Harper 4625 80 6564

ADDRESS _____ PHONE: Business _____ Home _____ DATE Jan. 11 1999

LOCATION Brawley Sch Rd. TR Yacht Rd on left

SUBDIVISION Yacht Cove BLOCK / SECTION _____ LOT 25 LOT AREA .517ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 760 Date 3/8/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 900 Linear Feet 300

No. Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Gravity 25% Reduction / Innovative

Repair System Description: Pumped - 25% Red / Innovative

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth NA

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2-3

☐ Business No. Employees ____

☐ Other _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

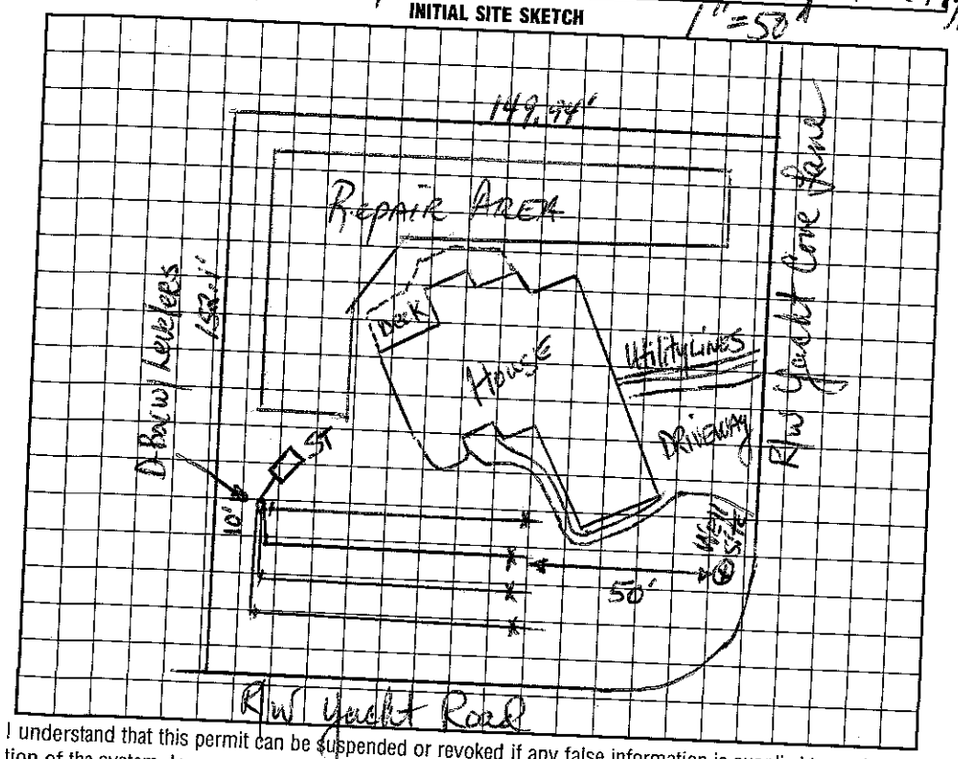
Comments:/Conditions: * ONE Inspection port per Lateral.

Attention Inspection Dept & Collect $100.00 as final portion of Type IV Septic permit fee

Comments:/Conditions:

REDRAW OTHER SIDE

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 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: _____

Improvement Permit by: _____ date 1-11-99

Authorization to Construct by: _____ date 1-11-99

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

Installed by: LARRY B McDaniel

Operation Permit by: _____ date 5/24/99

Existing System Inspection by: _____ date _____

INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD