(4,005)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 065640 PIN# 4625941684 pt 4626201240 DATE 11/13/98

OWNER OR CONTRACTOR Burt Dunlap PHONE: Business _____ Home _____

ADDRESS 130 Double Eagle Dr. Mooresville NC 28115

LOCATION Brawley School - Bay Harbour - R Shipyard - at end

SUBDIVISION Harbour BLOCK / SECTION VI LOT 26 LOT AREA 28,000sf± SITE CLASS. PS DESIGN FLOW 460 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10/6/98
Pump Tank: 1000 Gallons; PT 29 Date 1/3/99
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6 @ 67' 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 chambers or hds
Repair System Description: Pump panel
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____

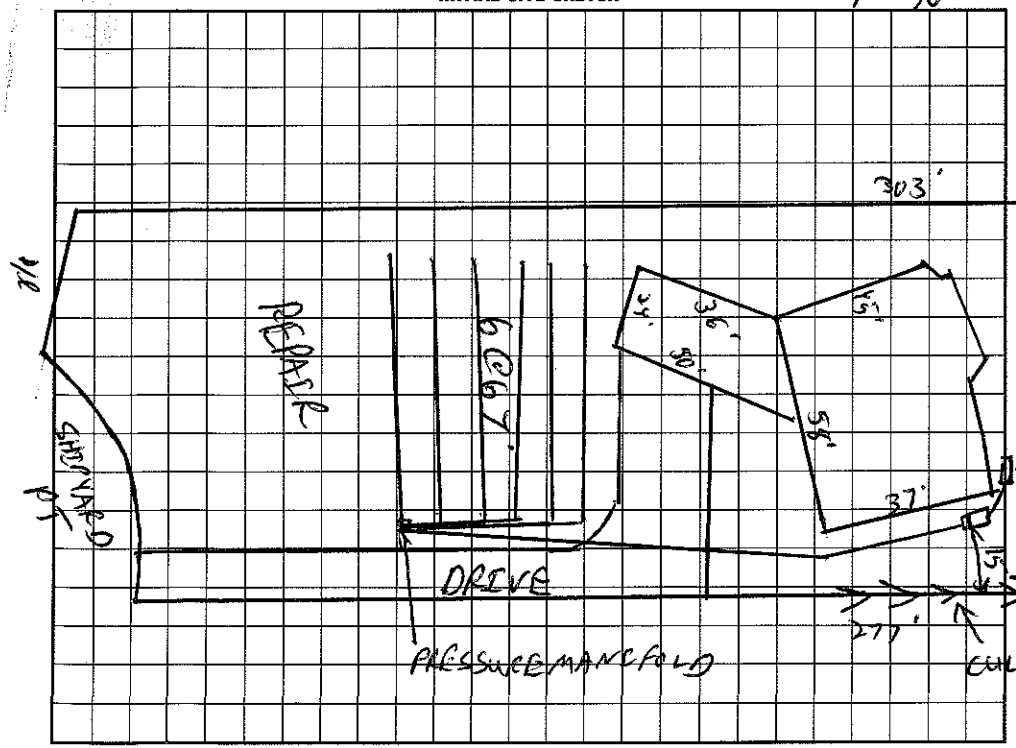
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☑ Community

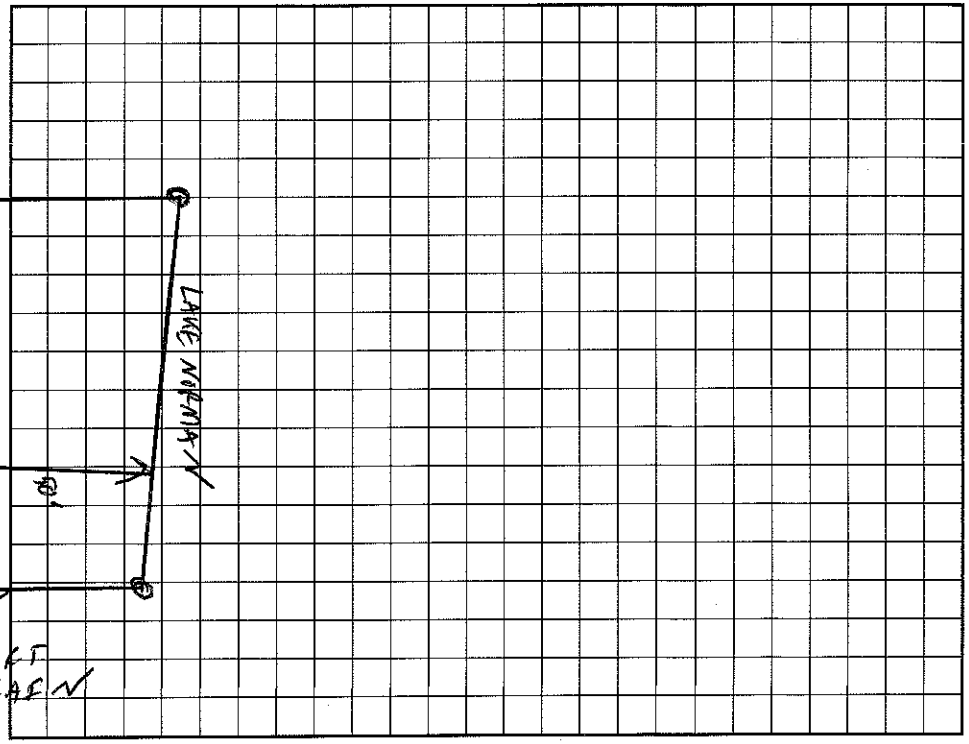
Comments:/Conditions:

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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: Kathryn L Duff date 11/13/98 Installed by: Charles Beatty

Improvement Permit by: C. [signature] RS date 11/13/98 Operation Permit by: C. [signature] RS date 4/23/99

Authorization to Construct by: C. [signature] RS date 11/13/98 Existing System Inspection by: _____ date _____

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