IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090873 PIN# 4626329032

OWNER OR CONTRACTOR Sanitee Holdings PHONE: Business 363-7455 James Overton Home 660-0382 DATE 10-10-2000

ADDRESS P.O. Box 3531 Mooresville, NC 28117

LOCATION Brawley School Rd TR Chuckwood TR Riveria TL Pines Bluff 2nd lot on right

SUBDIVISION Holiday Harbour BLOCK / SECTION ____ LOT 107 LOT AREA ____ SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3+

Septic Tank: 1000 Gallons; STB 312 Date 9/27/00

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4 at 75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

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

System Description: Gravity -25% Reduction

Repair System Description: Gravity - Panel Blk

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

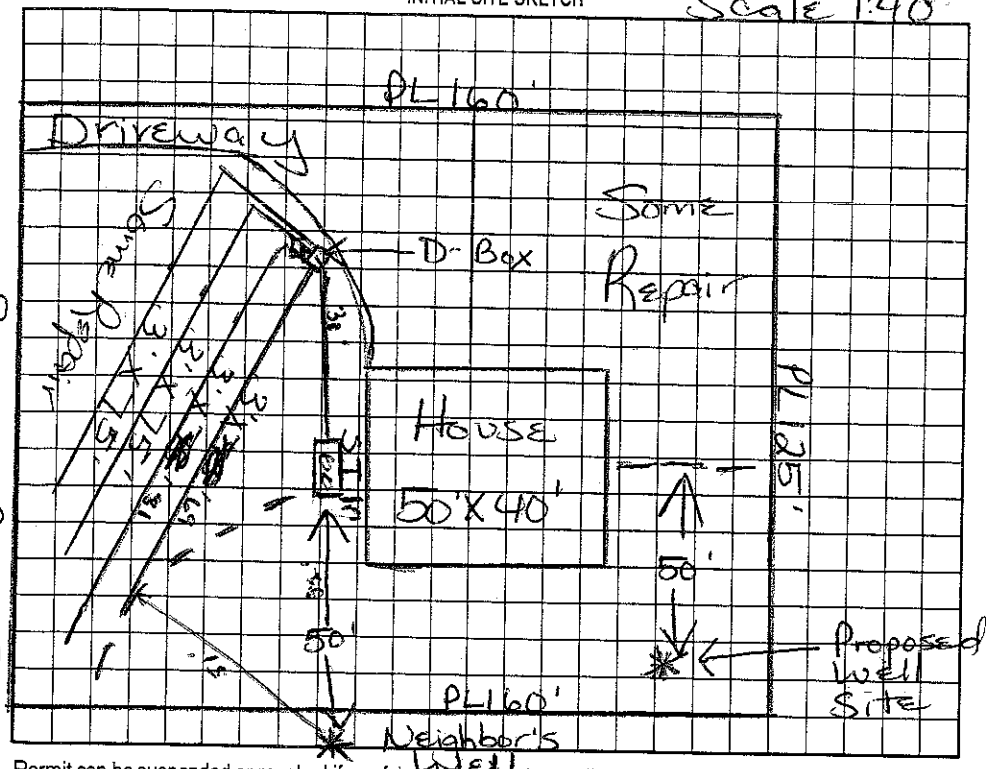
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' from PL, 5' from house & 50' from any well

Comments:/Conditions: ZABEL FILTER - STD. INFILTRATORS USED

INITIAL SITE SKETCH Scale 1:40



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 11/1/00

Improvement Permit by: Maria H.H. Dolan R.S. date 10/10/00

Authorization to Construct by: Maria H.H. Dolan R.S. date 10/10/00

Installed by: Atlantic Grading

Operation Permit by: Wesley Sparks I.S. date 12/8/00

Existing System Inspection by: ____ date ____

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