IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074752 PIN# ~~4625585835~~ 4626 50 7008 DATE 7/21/98

OWNER OR CONTRACTOR MI HOMES Pin for Ph 2 Lot 54 J PHONE: Business _____ Home 663-6905

ADDRESS 1043 E MOREHEAD SUIT 105 CHARLOTTE NC 28204

LOCATION BRAWLEY SCHOOL - TR BAY HARBOUR - TL SANDPIPER - 4TH ON RT 116 Sandpiper Dr.

SUBDIVISION HARBOUR BLOCK / SECTION I LOT 54 LOT AREA .47AC.± SITE CLASS. RS DESIGN FLOW 480GPD L.T.A.R. .36RD/FT

Septic Tank: 1000 Gallons; STB 794 Date 10/5/98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth MA

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

System Description: PUMP 2 CHAMBERS OR HDS

Repair System Description: PUMP MODIFIED

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 4 No. Employees ____

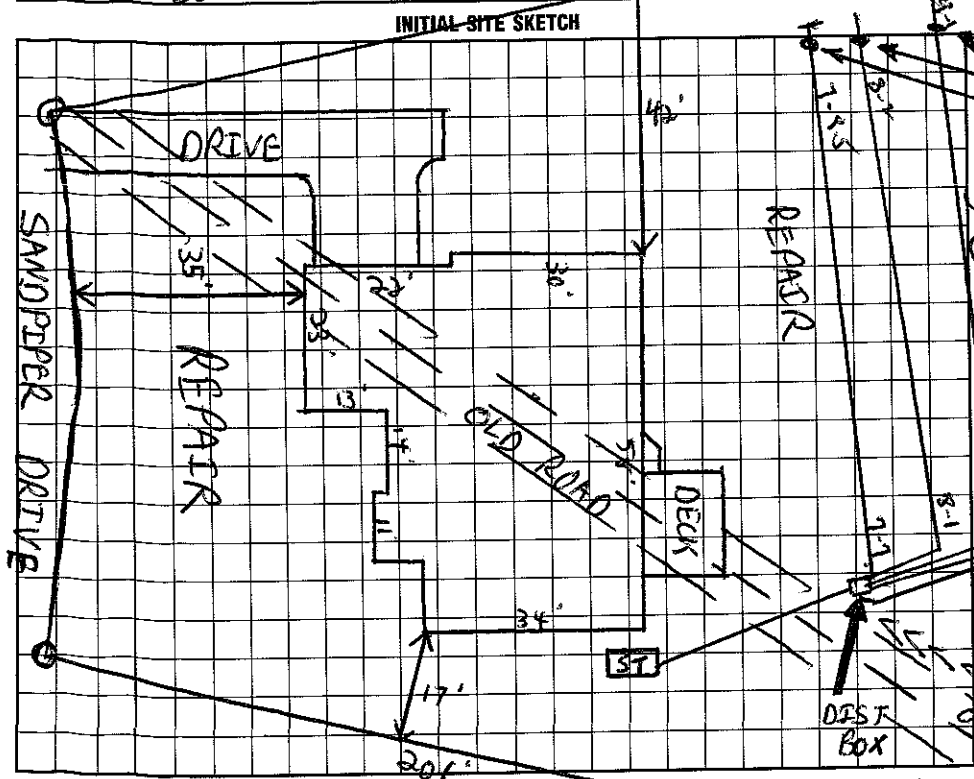
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

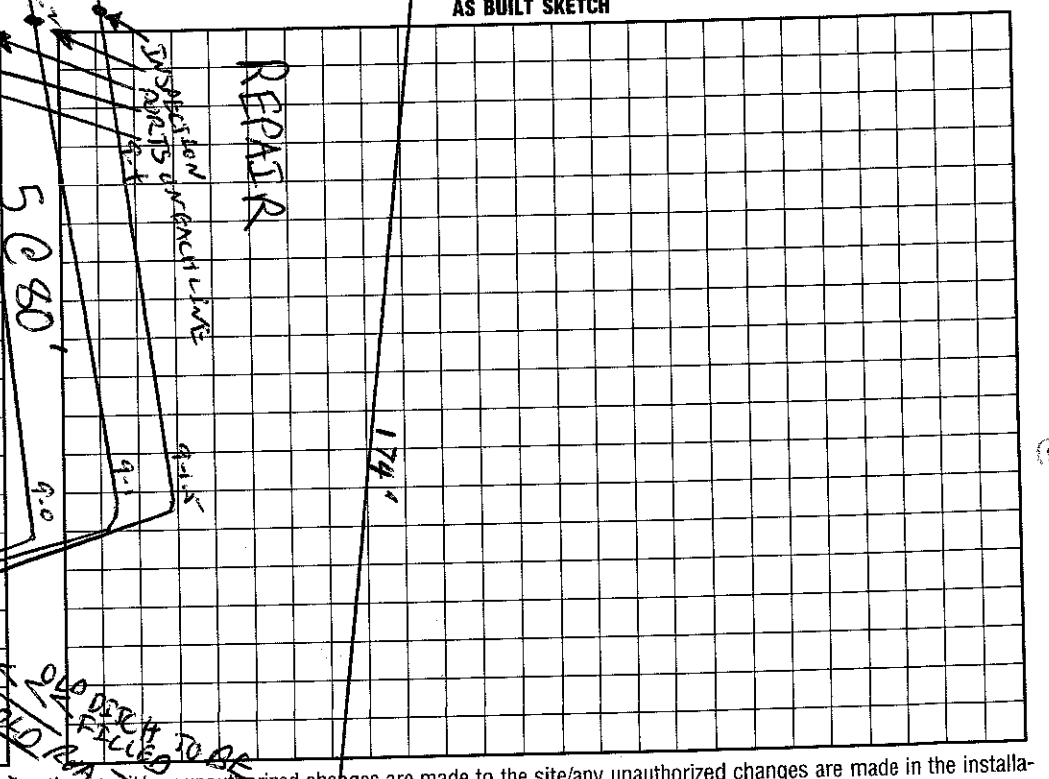
Comments:/Conditions:

1"=30'

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. 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: Torey Goode date 7-22-98 Installed by: Macleod Const.

Improvement Permit by: C. Ray Teem RS date 7/21/98 Operation Permit by: Wesley Sparks RS date 1/12/99

Authorization to Construct by: C. Ray Teem RS date 7/21/98 Existing System Inspection by: _____ date _____

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