IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 19884 PIN# 4635 49 8867 DATE 11/18/98

OWNER OR CONTRACTOR Bill Merritt PHONE: Business 382-3911 Home 597-9715

ADDRESS 3118 Scotch Moss Ct. Charlotte NC 28269 Mobile 408-5486

LOCATION 1100 TL Statts Rd TR Southwood Dr ~ 600' on (R)

SUBDIVISION MARINA VILLAGE BLOCK / SECTION ____ LOT 17 LOT AREA ~ .5AC SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 6/25/99
Pump Tank: 1000 Gallons; PT 27 Date 10/22/99
Pump Make: HYDRO Model SK 50 M1 Serial No. 10/99
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: Pressure Panel
Repair System Description: Same
Maintenance Agreement Required: [X] Yes [ ] No

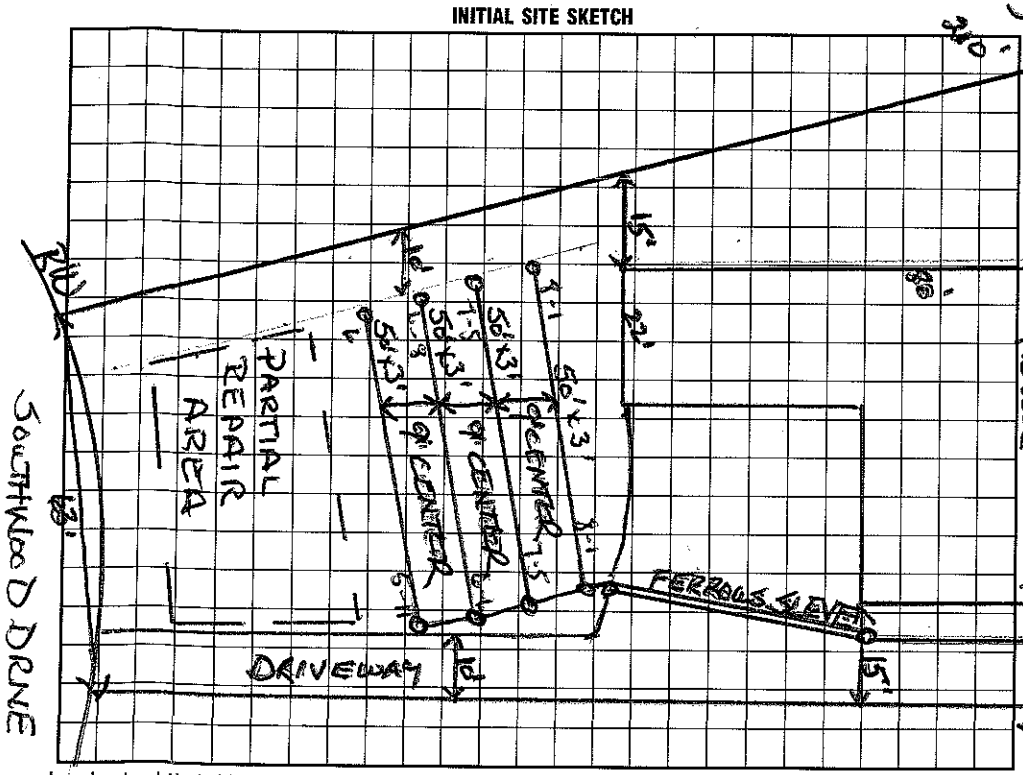
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2.5
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

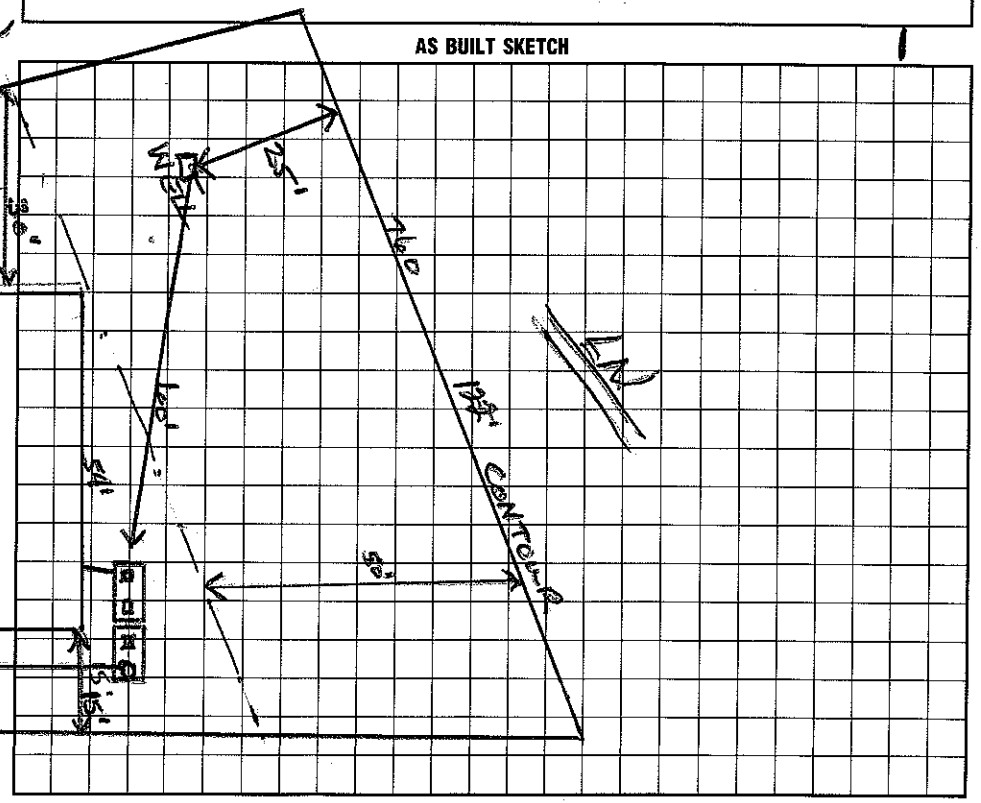
Comments:/Conditions: VARIANCE REQUIRED FOR WELL LOCATION

Comments:/Conditions:

INITIAL SITE SKETCH (1" = 30')



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: Bill Merritt date 12/22/98

Improvement Permit by: Wesley Sparks R.S. date 11/19/98

Authorization to Construct by: Wesley Sparks R.S. date 11/19/98

Installed by: Larry Beam

Operation Permit by: Maria Dotson R.S. date 12/20/99

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