IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 3:00

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

PERMIT# 119521 PIN# ~~4637 16 6015.001~~ 4627-05-2150 DATE 7/11/05

OWNER OR CONTRACTOR John McCauley PHONE: Business Home 303-979-6550

ADDRESS 1468 W. Briarwood Ave. Littleton, CO 80120

LOCATION 150 W, TL McCrary, TR Riverwood, in sharp curve

SUBDIVISION McCrary Woods BLOCK / SECTION 1 LOT 1 LOT AREA 0.73 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 4-22-07
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" Gravel Depth ____

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduct
Repair System Description: LA Panel Block
Maintenance Agreement Required: ☐ Yes ☒ No

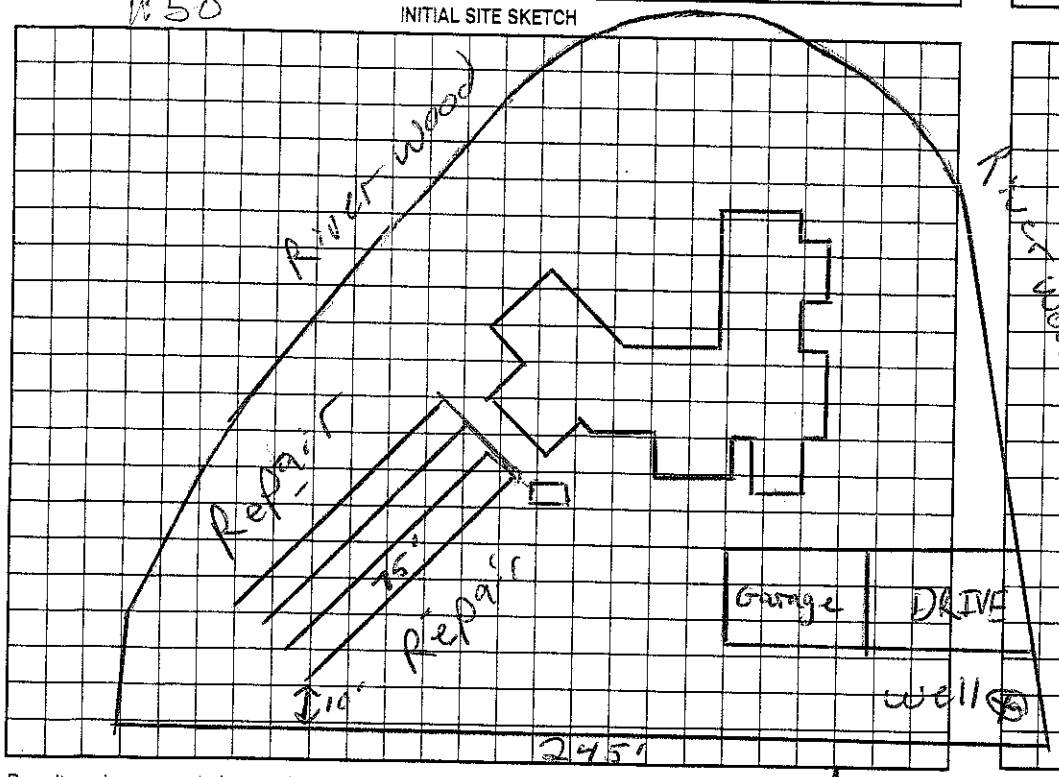
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☒ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

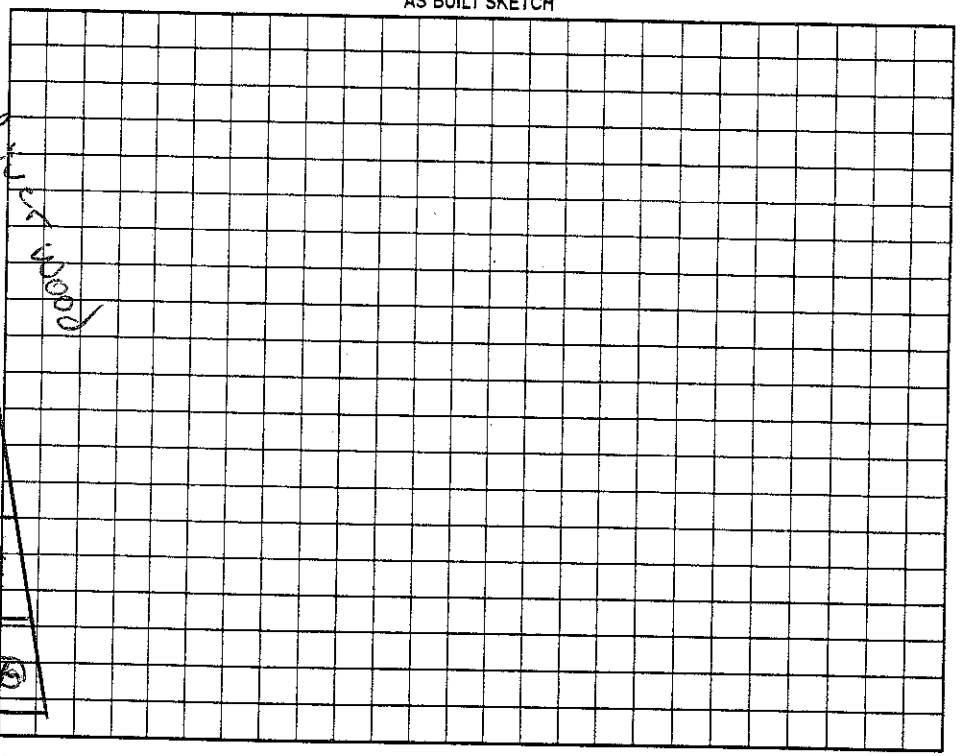
Comments:/Conditions:

Comments:/Conditions: Okay to do in Drop boxes
Installed Quick 4 w/ built in Drop boxes

INITIAL SITE SKETCH



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: Mailed to John McCauley date 7/13/05

Improvement Permit by: ____ RS date 7/11/05

Authorization to Construct by: ____ RS date 7/11/05

Installed by: Richard Abernathy

Operation Permit by: Mariah Jackson date 9/12/07

Existing System Inspection by: ____ date ____

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