Existing System/Pool Over

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 156364 PIN # 4637055481.000 DATE 5/11/09

OWNER or APPLICANT John Spates PHONE: Business Home: 704 450-4929

OWNER or APPLICANT ADDRESS 334 Riverwood Rd.

LOCATION / DIRECTIONS Hwy 150 W TL McCrary Rd. TR Riverwood Rd. Lot on Right

SUBDIVISION McCrary Woods BLOCK / SECTION LOT # 5 LOT AREA .748 DESIGN FLOW 480 L.T.A.R. .25

Septic Tank @ 1000 Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 6 @ 80' Linear Feet Ex. 480'

Trench Width 36 Max. Trench Bottom Depth 36 Gravel Depth N/A

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: Existing System

Repair System Description:

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

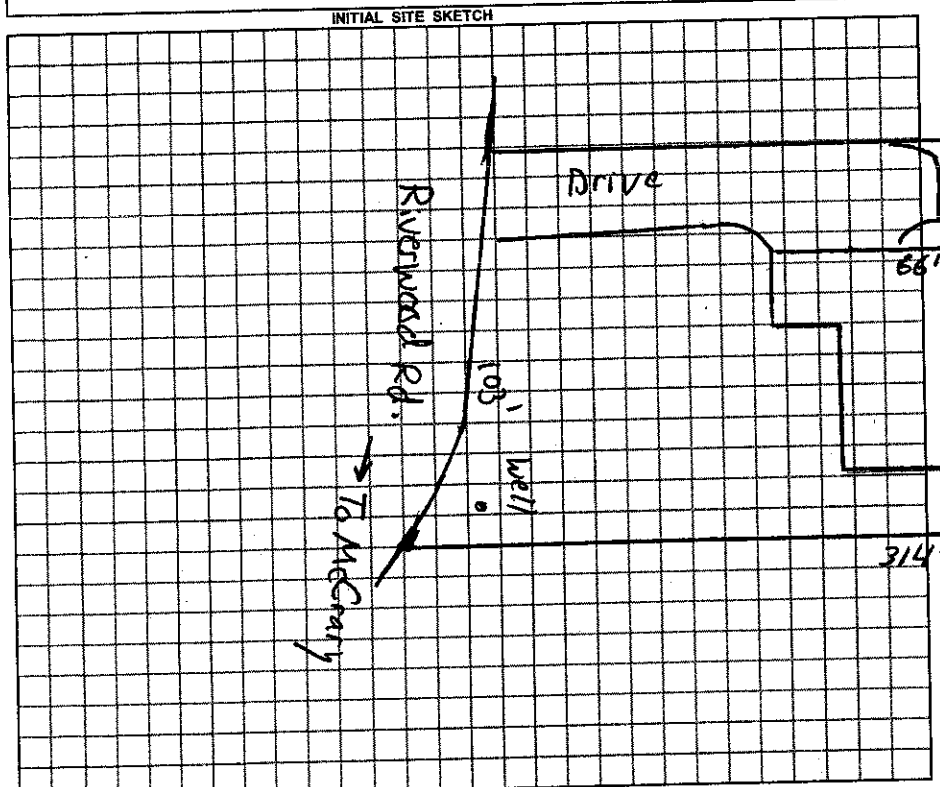
Water Supply: ☑ Private Ex:S ☐ Public ☐ Community

Comments / Conditions

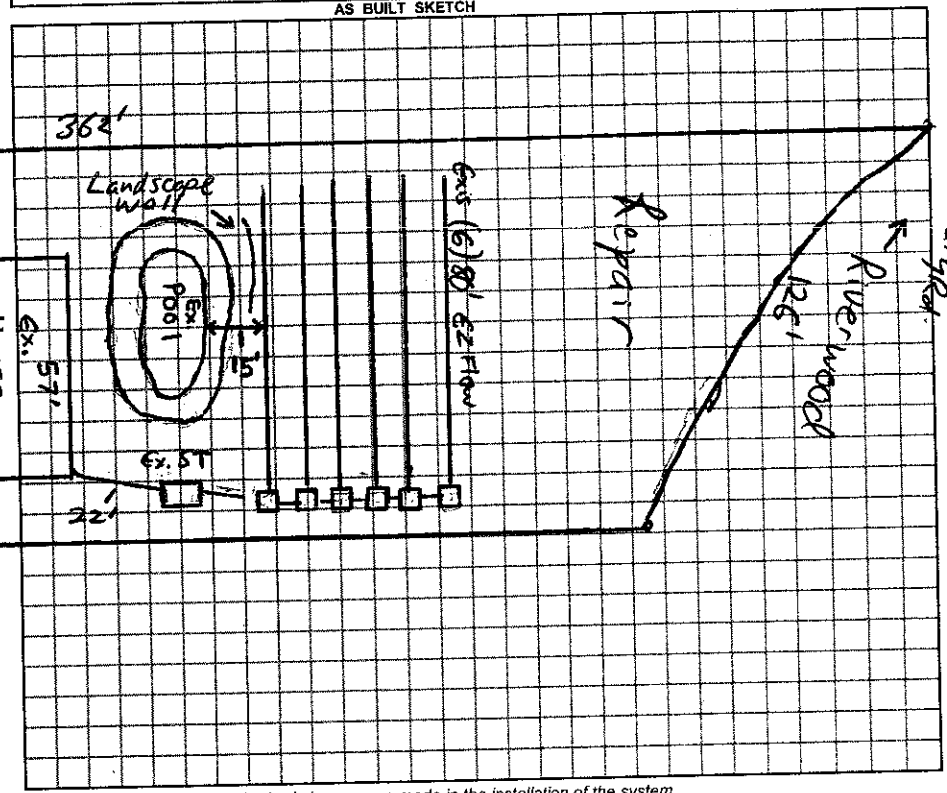
Comments / Conditions Exis Pool cut is 15' from Existing Septic System at closest point. Existing drainlines are probably EZ Flow product.

1" ≈ 50'

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Date

Improvement Permit by: Date

Authorzation to Construct by: Date

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Anthony Coker Jr. R.S. Date: 5/11/09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

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IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT# 11952 PIN# ~~4637160615.000~~ 4637-05-5481 DATE 7/15/04

OWNER OR CONTRACTOR McCrary Partners PHONE: Business 799-9770 Home

ADDRESS ~~165 Brandse~~ PO Box 3608 Mooresville, NC 28117

LOCATION 150 West - TL McCrary - JR Riverwood - ON RT

SUBDIVISION McCrary Woods BLOCK / SECTION 1 LOT 5 LOT AREA .76Ac SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .256GPD/FT²

Septic Tank: 1000 Gallons; STB 160 Date 4/3/05
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 6@80' 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: GRAVITY 25% REDUCTION
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

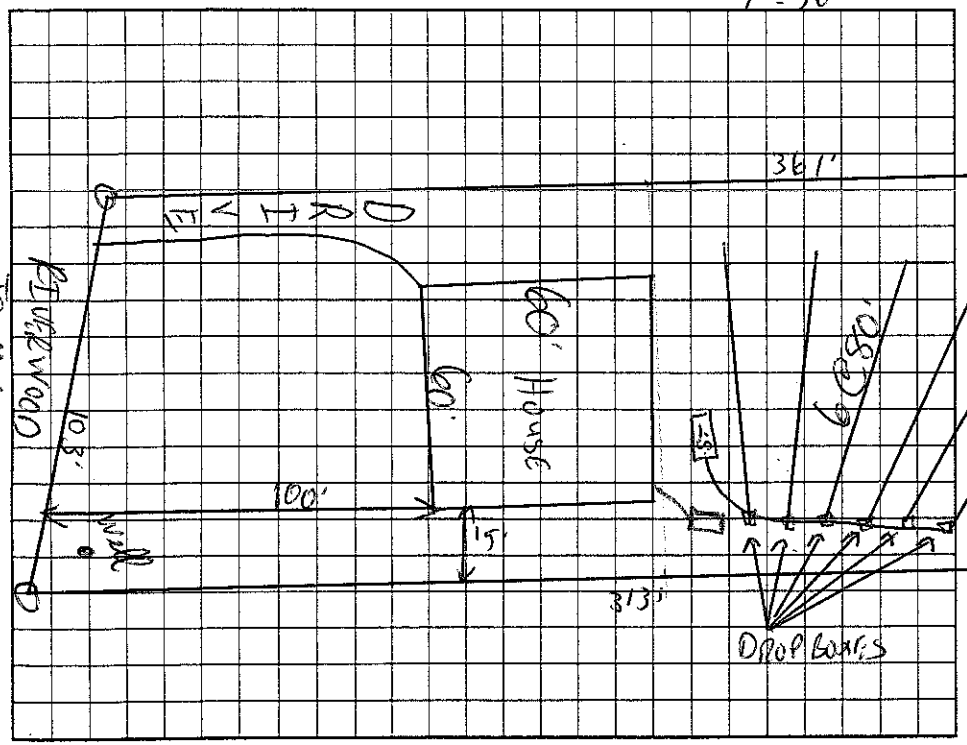
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

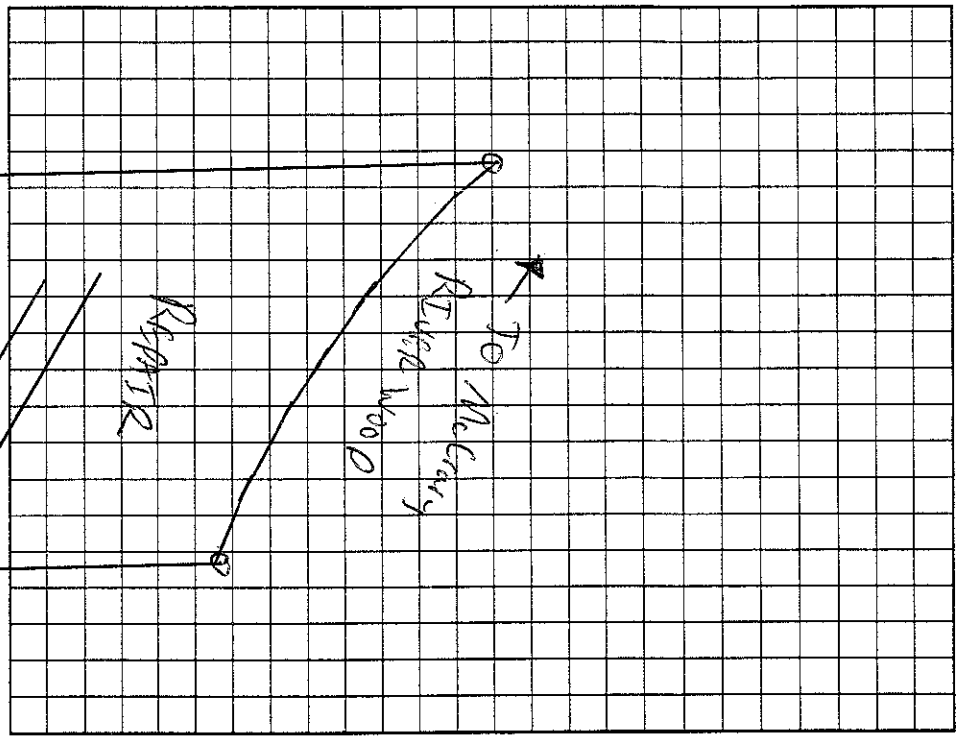
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'



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: date 8-3-04 Installed by:

Improvement Permit by: RS date 7/15/04 Operation Permit by: date 8/22/05

Authorization to Construct by: RS date 2/23/05 Existing System Inspection by: date

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