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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119528 PIN# ~~4637-16-6015.000~~ 4637-05-6551 DATE 7/15/04

OWNER OR CONTRACTOR McCRARY PARTNERS LLC / TOP NOTCH HOMES PHONE: Business 799-9770 Home

ADDRESS PO BOX 3608 MOORESVILLE NC 28117

LOCATION 150 WEST - TL McCRARY - TR RIVERWOOD - ON RT

SUBDIVISION McCRARY WOODS BLOCK / SECTION 1 LOT 6 LOT AREA 1.68AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .36-10/FT

Septic Tank: 1000 Gallons; STB 160 Date 7/22/05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1000 Linear Feet 400
No Lines 4@100' 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 RANGE
Maintenance Agreement Required: ☐ Yes ☑ ~~No~~

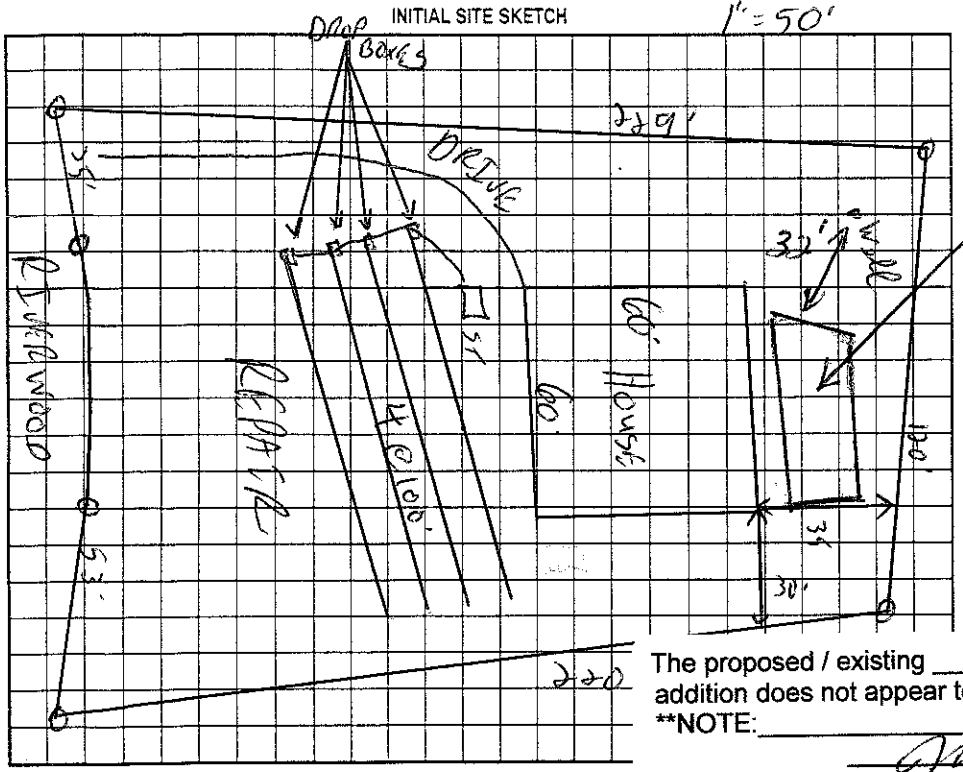
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ ~~Individual~~ ☐ Public ☐ Community

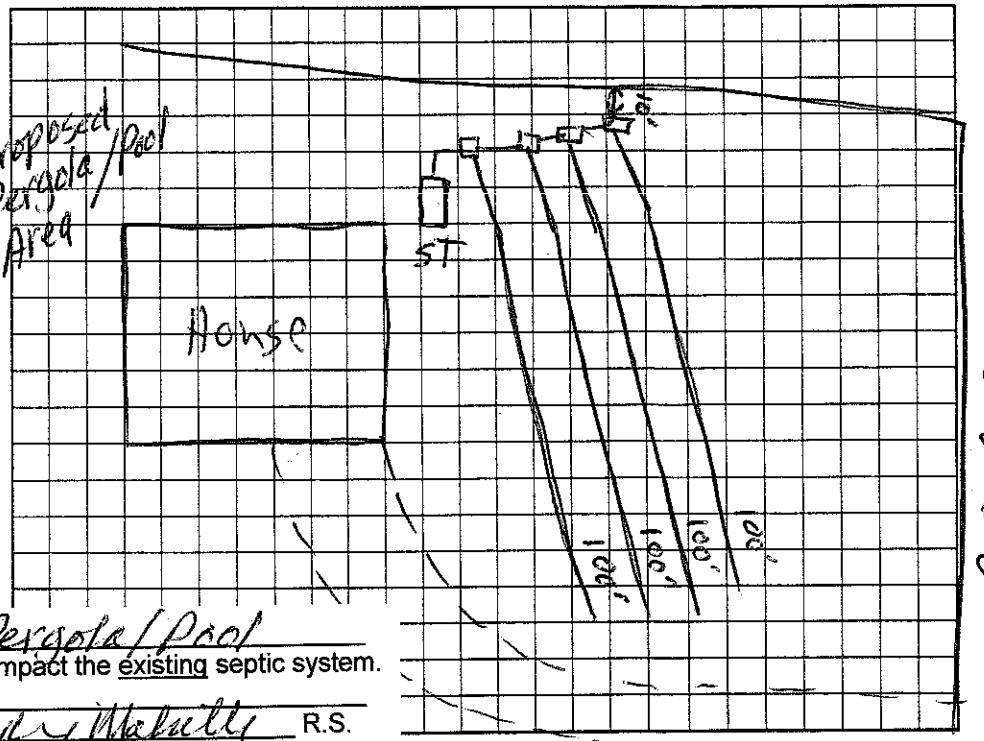
Comments:/Conditions:

Comments:/Conditions: ST W/MARKER AND ZABEL FILTER INSTALLED WITH 100 QUICK-4 INFILTRATORS.

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH



The proposed / existing Pergola / Pool addition does not appear to impact the existing septic system.

**NOTE: ____

Date: April 30, 2013 R.S.

ICHD-Environmental Health Division

Permit can be suspended or revoked if any false information is supplied to ... changes are made in the installation of the system. Improvement Permit with ~~plat~~ valid without expiration ... nprovement Permit – not to exceed sixty months.

Signed: [signature] date 8-3-04

Improvement Permit by: [signature] date 7/15/04

Authorization to Construct by: [signature] date 3/31/05

Installed by: LEAK HERMAN SEPTIC TANK

Operation Permit by: [signature] date 10/25/05

Existing System Inspection by: ____ date ____

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