IREDELL COUNTY HEALTH DEPARTMENT

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

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

150
2:30-3:00

PERMIT# 11954 PIN# ~~4637-16-6015-015~~ 4637-05-9358 DATE 7/16/04

OWNER OR CONTRACTOR McCRARY PARTNERS / Mid Atlantic PHONE: Business 799-9770 Home

ADDRESS PO Box 3608 MOORESVILLE NC 28117

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

SUBDIVISION McCRARY WOODS BLOCK / SECTION 1 LOT 15 LOT AREA 1.76AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. 1.36/1.72

Septic Tank: 1000 Gallons; STB 794 Date 4-17-05
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 #4

☑ 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

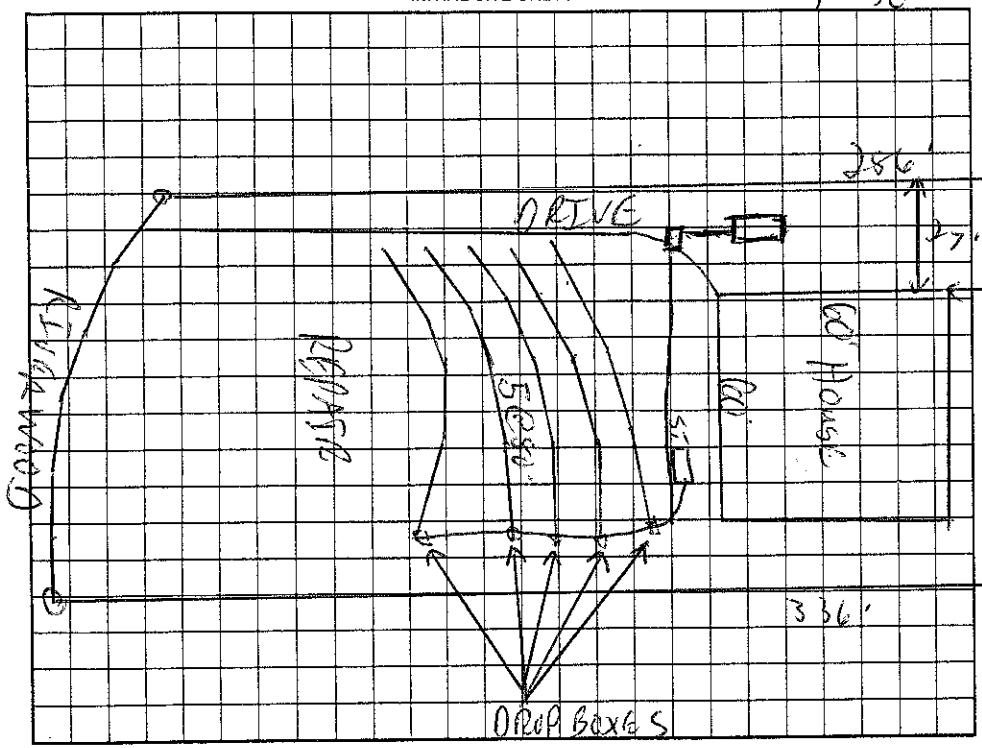
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

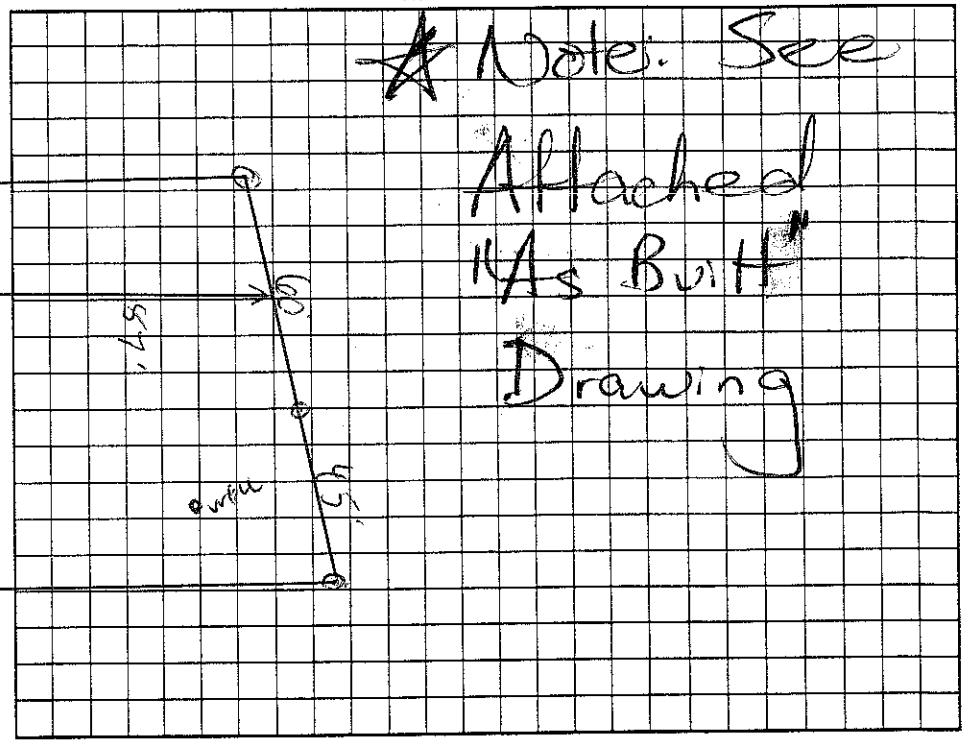
Comments/Conditions: Note: Builder changed drive to other side without prior approval; therefore Septic System had to be altered slightly

Comments/Conditions: Checked Upper 3 lines 7/20/05
Tank Checked 7/20/05
Checked lower 3 lines 7/21/05

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: Howard's Backhoe

Improvement Permit by: C. S. RS date 7/16/04 Operation Permit by: Maria H. Dotson RS date 7/21/05

Authorization to Construct by: Maria H. Dotson RS date 12/20/04 Existing System Inspection by: date

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119542 PIN# 4637166015 DATE 7/21/05

OWNER OR CONTRACTOR Mid Atlantic Builders PHONE: Business _____ Home _____

ADDRESS _____

LOCATION _____

SUBDIVISION McCrary Woods BLOCK / SECTION _____ LOT 15 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 450gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4-17-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 10 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduct.
Repair System Description: LP Panel
Maintenance Agreement Required: ☐ Yes X No

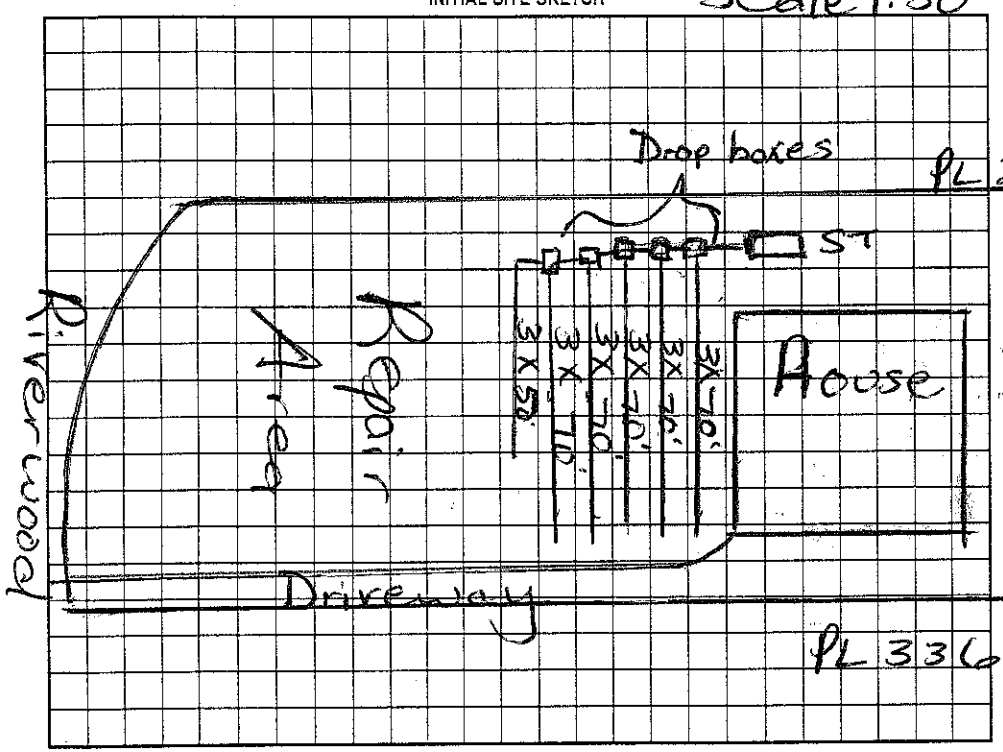
X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

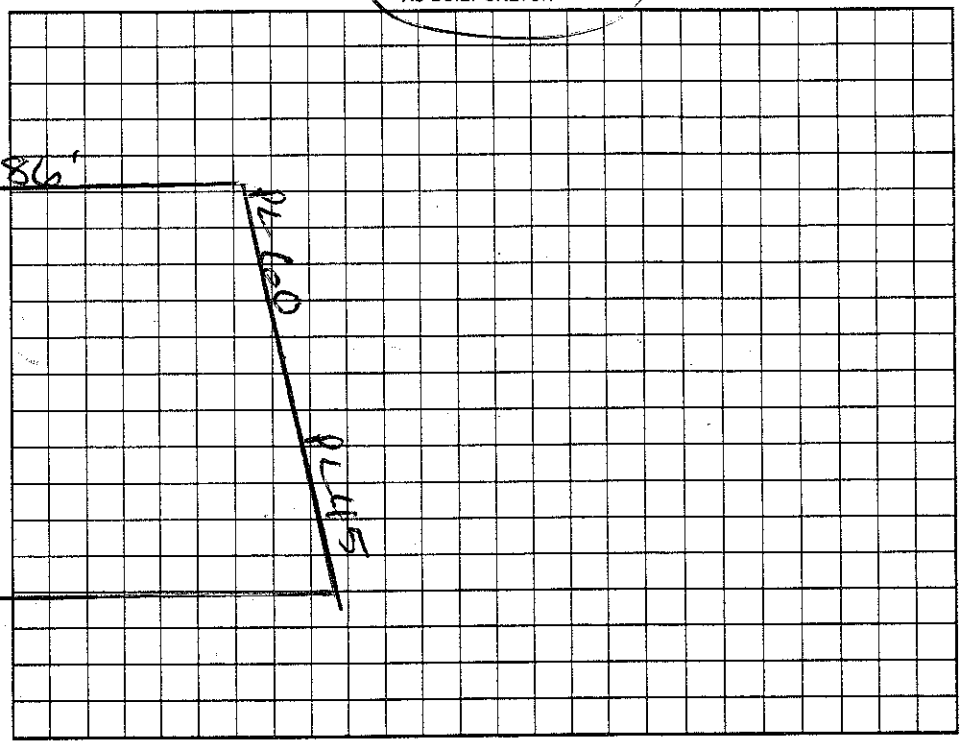
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH



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Signed: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: Howard's Backhoe

Operation Permit by: Maria H. Dolan RS date 7/21/05

Existing System Inspection by: _____ date _____

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