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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# 19537 PIN# ~~4637166015.011~~ 4637-15-0952 DATE 7/16/04

OWNER OR CONTRACTOR McCRARY PARTNERS LLC / Anaheim Homes PHONE: Business _____ Home _____

ADDRESS PO Box 3608 MOORESVILLE NC 28117

LOCATION 150 West - TL McCRARY - TR RIVERWOOD - ON RT NEAR END

SUBDIVISION McCRARY WOODS BLOCK / SECTION 1 LOT 11 LOT AREA 1.85AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .36PD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 1/16/05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

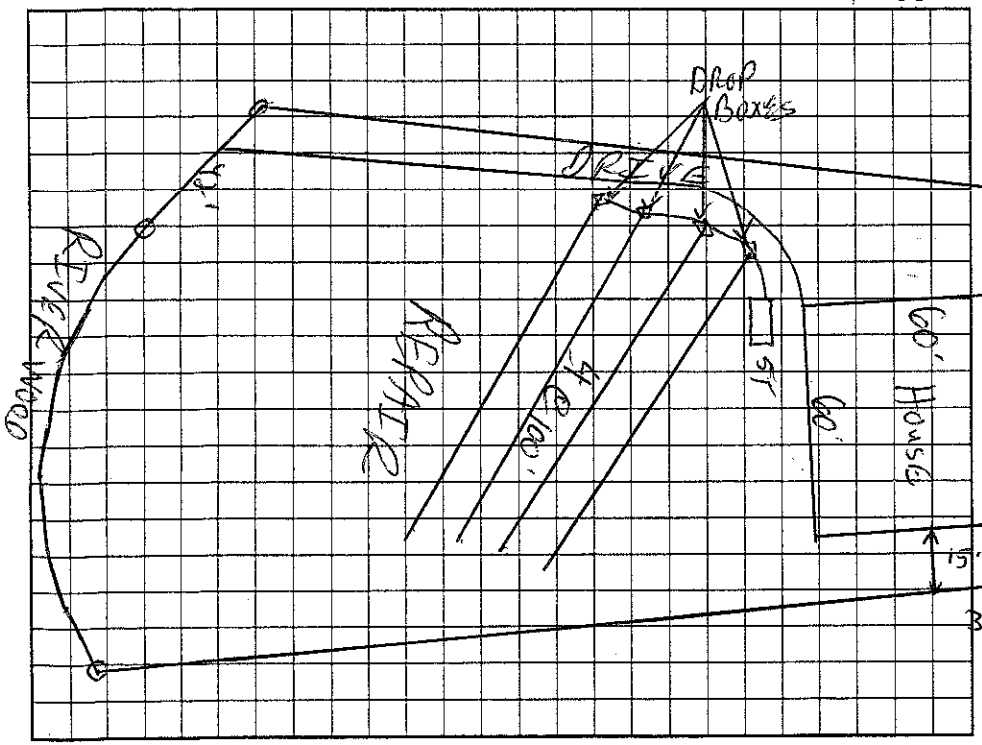
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

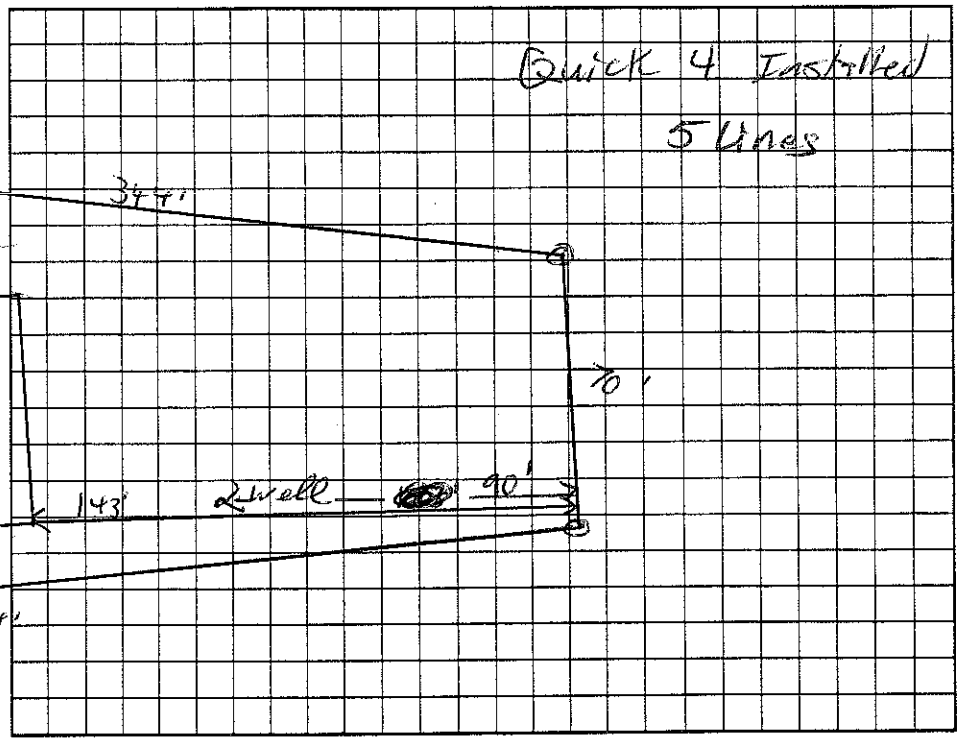
Comments:/Conditions: KEEP WELL 90' OFF BACK PROPERTY LINE

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: C+S Grad.

Improvement Permit by: _____ RS date 7/16/04 Operation Permit by: _____ RS date 7/29/05

Authorization to Construct by: _____ RS date 1/28/05 Existing System Inspection by: _____ date _____

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