IREDELL COUNTY HEALTH DEPARTMENT

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

130

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

PERMIT# 11572 PIN# 4637166015.019 4637-15-3626 DATE 7/16/04

OWNER OR CONTRACTOR McCRARY PARTNERS LLC / Koehler Building PHONE: Business 799-9770 Home

ADDRESS P.O. Box 3608 MOORESVILLE, NC 28117

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

SUBDIVISION McCRARYWOODS BLOCK / SECTION LOT 19 LOT AREA 1.3Ac SITE CLASS. RS DESIGN FLOW 480GPD L.T.A.R. .250AD/FT2

Septic Tank: 1000 Gallons; STB 312 Date 2-21-07

Pump Tank: 1000 Gallons; PT 283 Date 2-7-07

Pump Make: Myers Model ME-50 Serial No.

Nitrification Field: No. Fields 1 Square Feet 1440 Linear Feet 480

No. Lines 4@120' 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: PUMP 25% REDUCTION

Repair System Description: PUMP ~~LINE~~ 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:

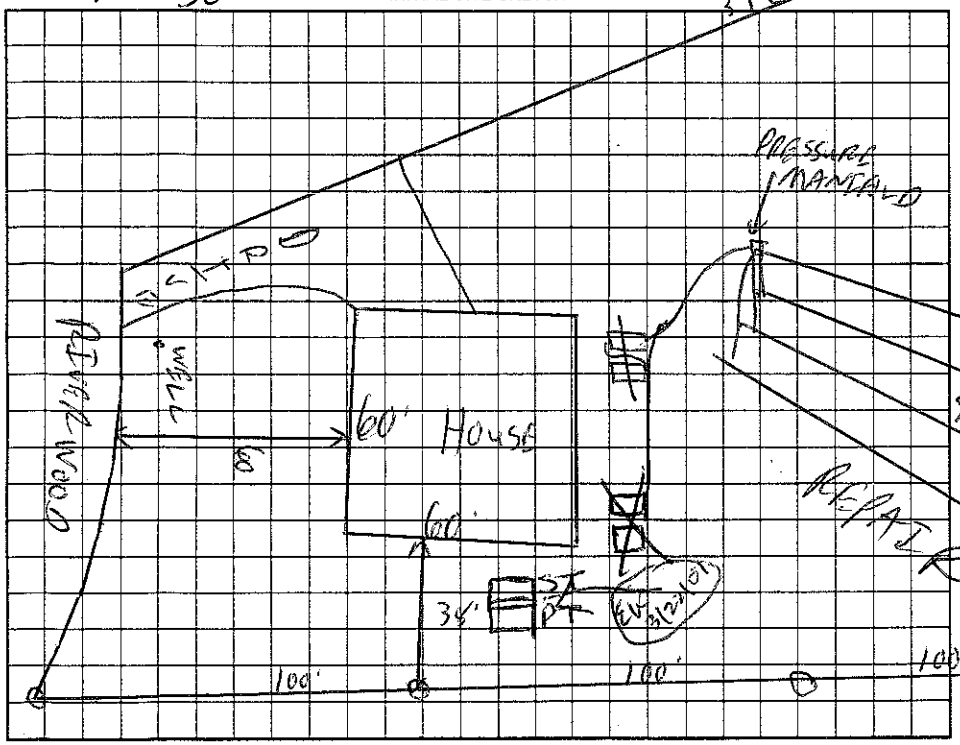
Comments:/Conditions:

★ Note: Okay to move tanks to other side of house.

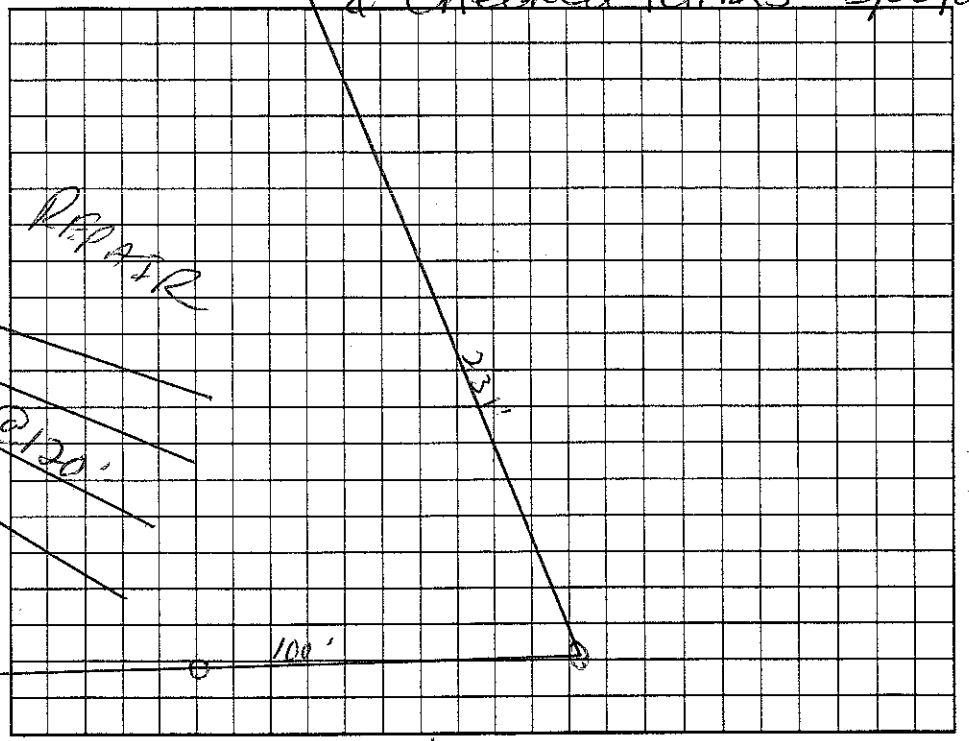
Installed EZ Flow & Relocated tanks 3/22/07

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 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: K&T RS

Improvement Permit by: RS date 7/16/04 Operation Permit by: date 5/25/07

Authorization to Construct by: Judy Melville date 8-24-04 Existing System Inspection by: date

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