IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119575 PIN# ~~4637166015.000~~ 4637-15-6533 DATE 7/16/04

OWNER OR CONTRACTOR McCLARY PARTNERS LLC / Kimberly James ~~Home~~ Business 799-9770 Home

ADDRESS PO BOX 3608 MOORESVILLE NC 28117

LOCATION 150 West - TL McCLARY - ON RT

SUBDIVISION McCLARY WOODS BLOCK / SECTION 1 LOT 22 LOT AREA .86 AC SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .36-B/R2

Septic Tank: 1000 Gallons; STB ____ Date 11-12-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines @5@50' 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: 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

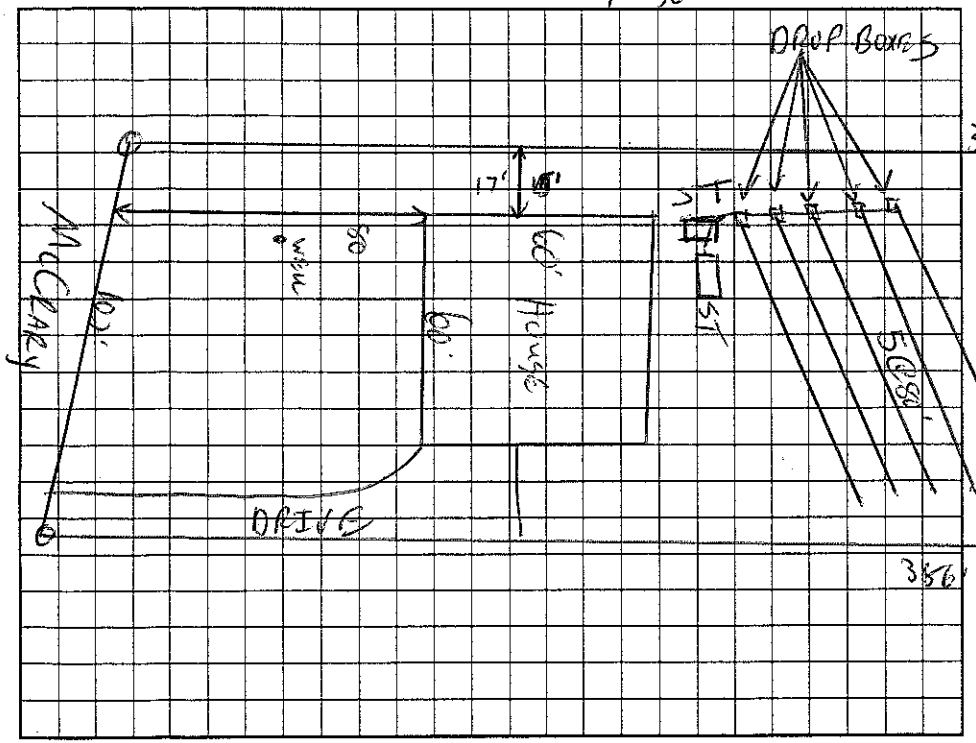
Comments:/Conditions:

Garage will be on opposite side

Comments:/Conditions:

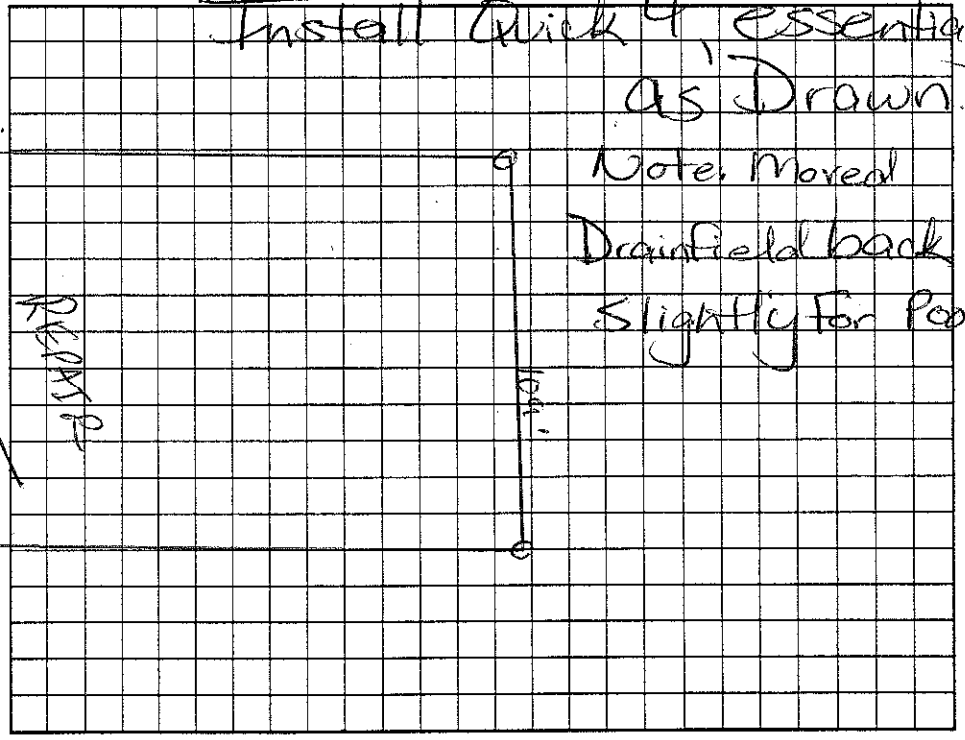
Keep Future pool at least 15FT From Septic System

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

Install Quick 4, essentially as Drawn. Note: Moved Drainfield back slightly for Pool



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

Improvement Permit by: ____ RS date 7/16/04

Authorization to Construct by: ____ RS date 4/7/06

Installed by: C.D Rosemon RS

Operation Permit by: ____ date 9/20/06

Existing System Inspection by: ____ date ____

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