3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079175 PIN# ~~4637608963~~ 4637-60-8952

OWNER OR CONTRACTOR Ray Short PHONE: Business _____ Home _____ DATE 2/11/99

ADDRESS 470 S Tutts Rd. Mooresville NC 28117

LOCATION Brawn Sch, TR Oak Tree, TR Harborcrest, on Lt Corner

SUBDIVISION Harborcrest BLOCK / SECTION _____ LOT 1 LOT AREA .51 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ~~750~~ 794 Date 8/24/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 4 @ 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: 50% Redx / Panel / Grav.

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

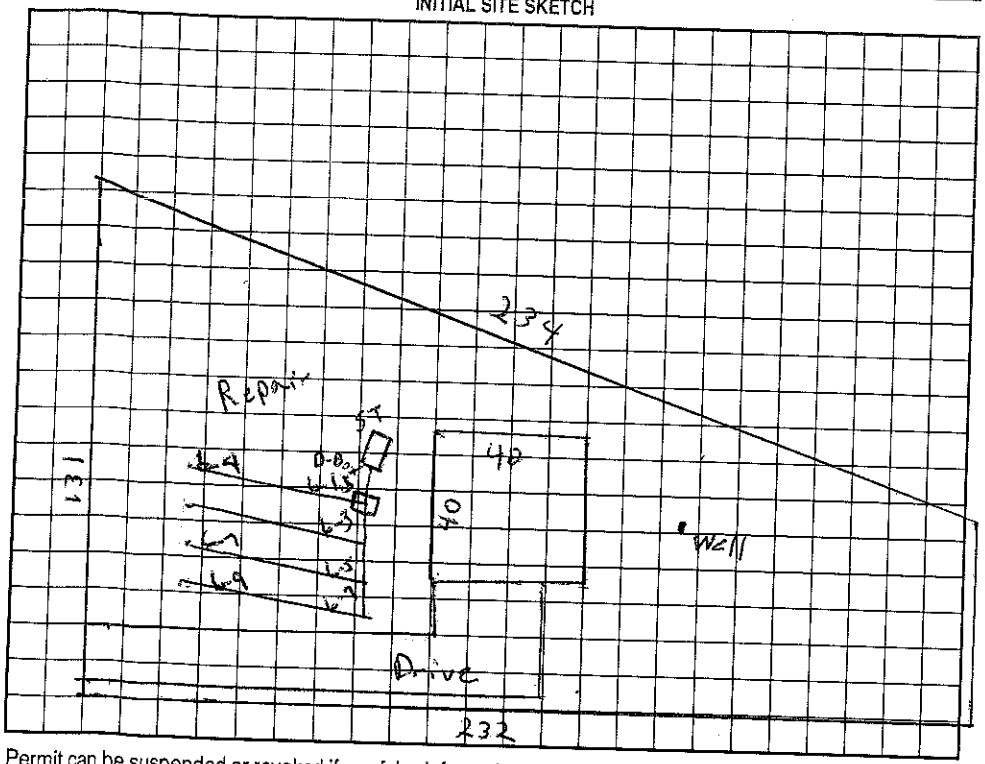
Comments/Conditions:

Keep lines on Contour

Keep System 10' off PL & 5' off House

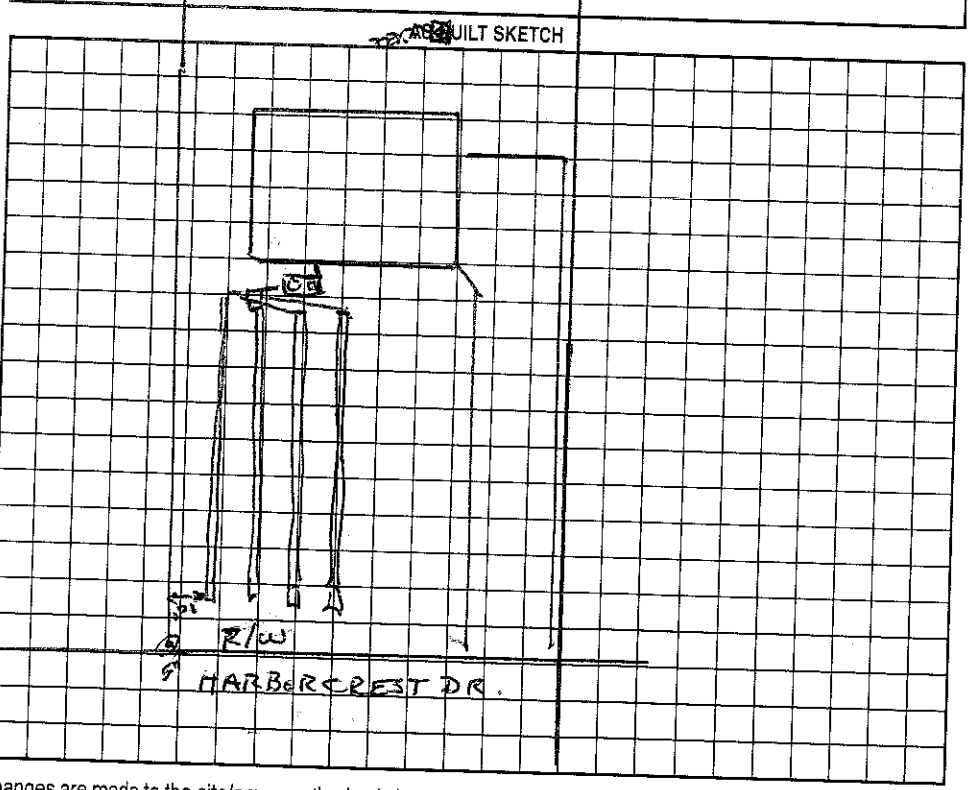
Scale = 1-50

INITIAL SITE SKETCH



Comments/Conditions:

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: Ray Short date 2/24/99

Improvement Permit by: Jeff Morgan date 2/11/99

Authorization to Construct by: Jeff Morgan date 2/11/99

Installed by: F J Ervin

Operation Permit by: Wesley Sparks RS. date 10/14/99

Existing System Inspection by: _____ date _____

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