IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281 [4:00]

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

PERMIT# 107425 PIN# 4637 71 1476 DATE 6/19/02

OWNER OR CONTRACTOR RAY SHORT PHONE: Business 202-5568 Home

ADDRESS PO BOX 3792 MOORESVILLE NC 28117

LOCATION BRAWLEY SCHOOL - TR OAKTREE - TR HARBORCREST - ON RT.

SUBDIVISION HARBORCREST BLOCK / SECTION LOT 16 LOT AREA SITE CLASS. PS DESIGN FLOW 480GPD L.T.A.R. .30 AR/AT

Septic Tank: 1000 Gallons; STB 3/2 Date 4/31/02
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 N/A

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: LD PAVE C
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:

ICHD-Environmental Health Division

The proposed / existing Pool addition does not appear to impact the existing septic system.

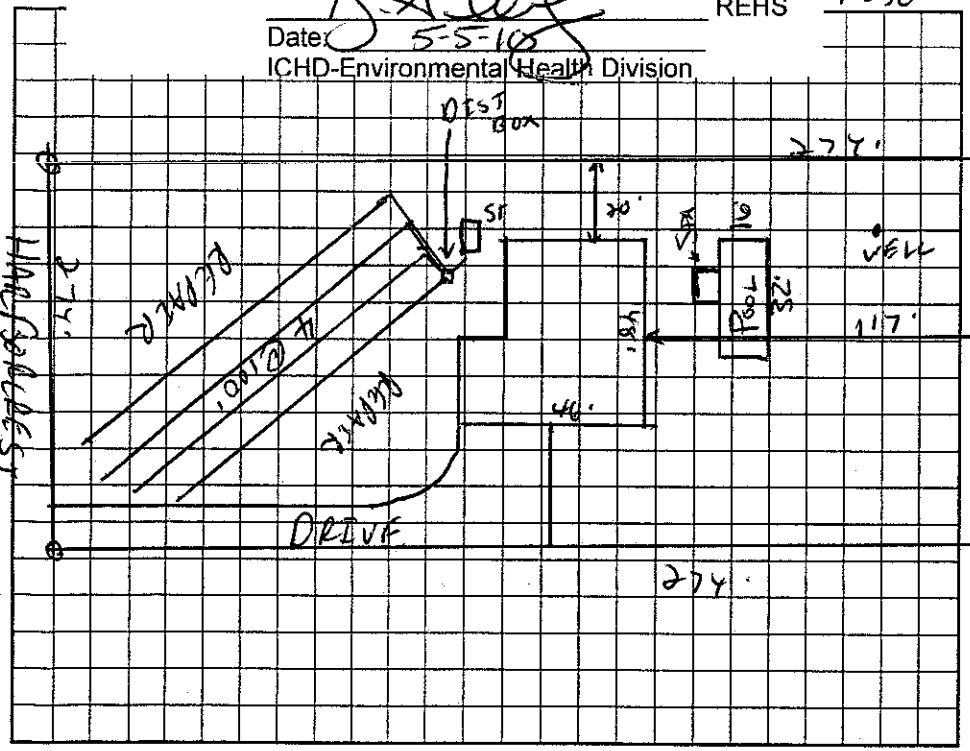
**NOTE:

REHS

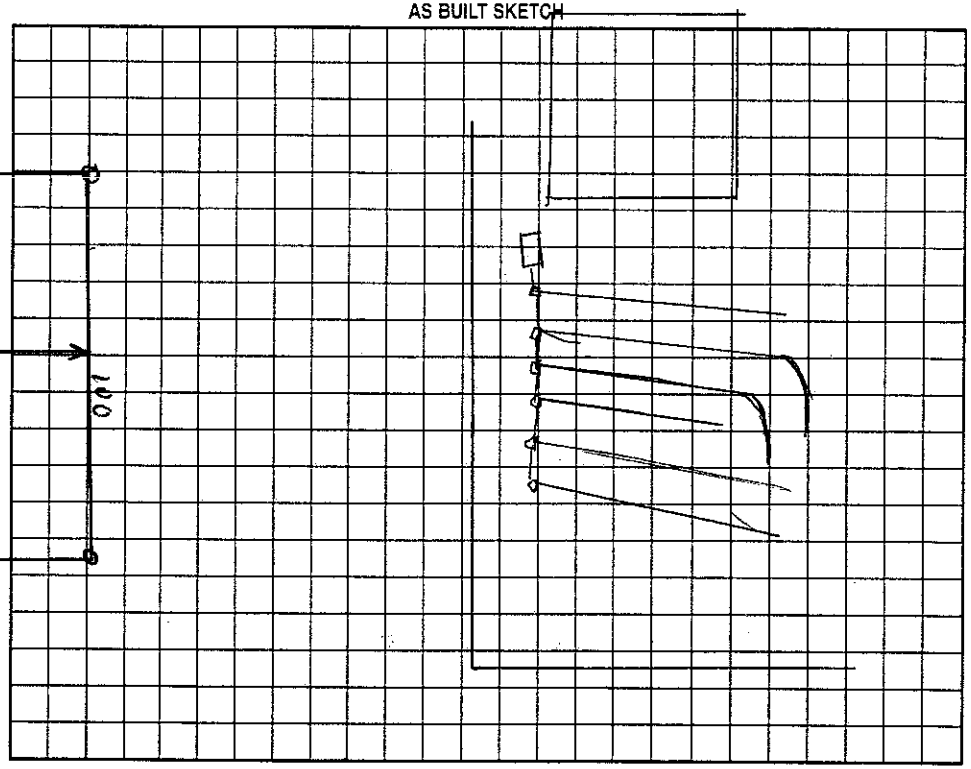
Date: 5-5-10

ICHD-Environmental Health Division

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: Ray Short date 6-20-02 Installed by: Howards Backhoe

Improvement Permit by: RS date 6/19/02 Operation Permit by: RS date 6/24/02

Authorization to Construct by: RS date 6/19/02 Existing System Inspection by: date

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