# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 2017 PIN# Part of 2KA41A 4634-71-1758 DATE 4/28/99

OWNER OR CONTRACTOR George Bathune PHONE: Business 663-4617 Home 660-5769

ADDRESS 146 Harbor Crest LN

LOCATION Brawley Sch Rd. TR Oak Tree Rd. TR Harborcrest LN on Right at end

SUBDIVISION Harbor crest BLOCK / SECTION ____ LOT 13 LOT AREA 22,000 ft2 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5 @ 80 Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: Gravity / Conv.

Repair System Description: Gravity / Panel

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

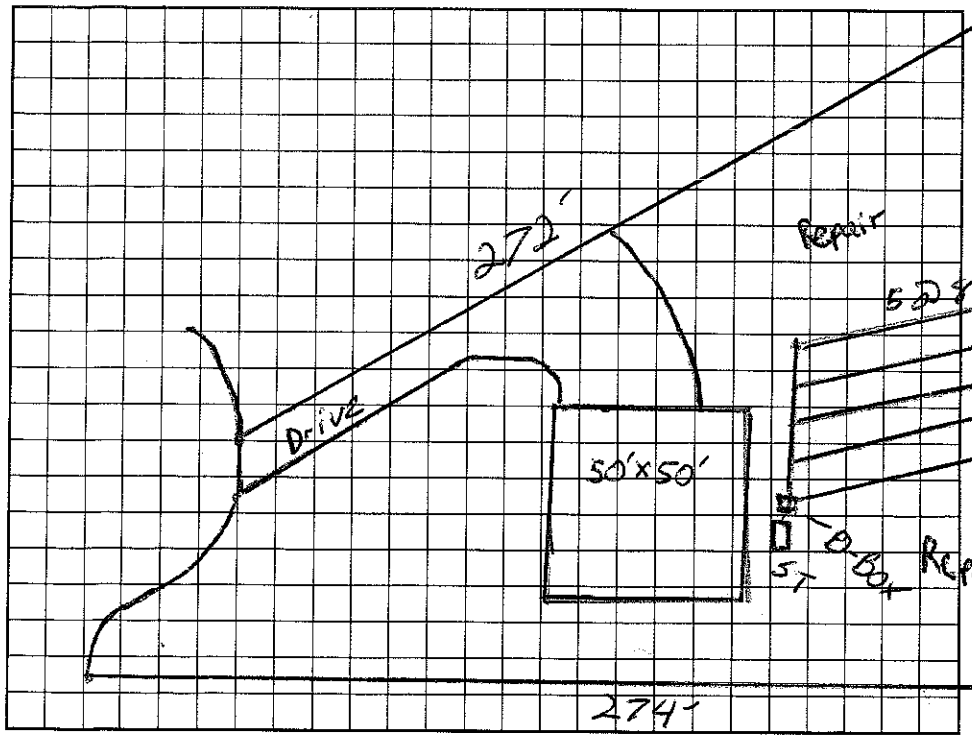
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

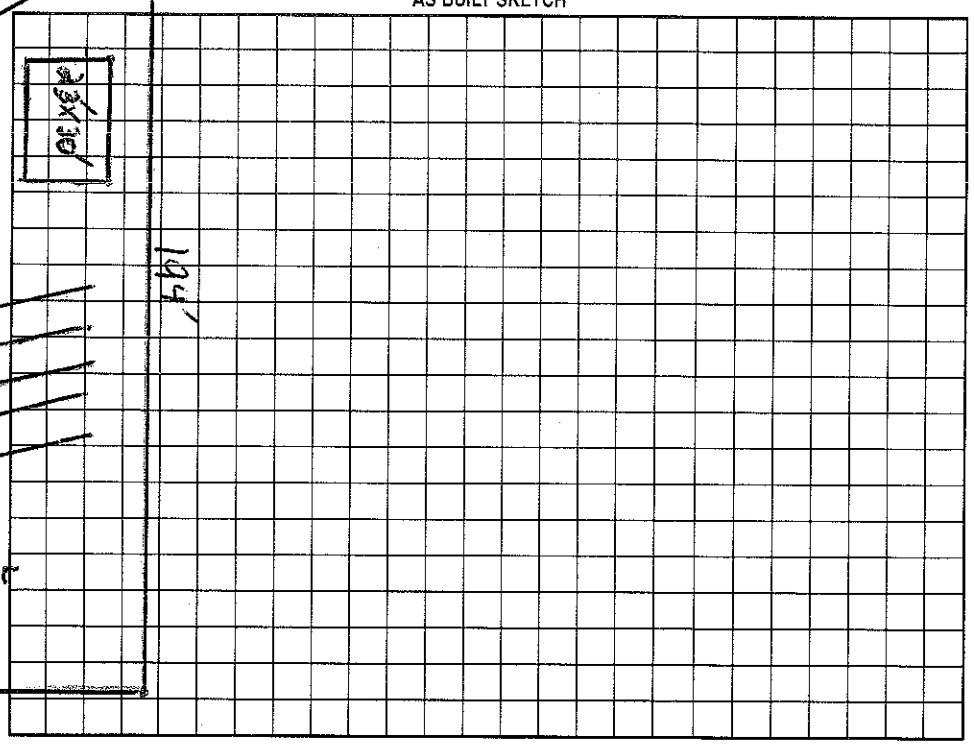
Comments:/Conditions:

Comments:/Conditions:

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: George L. Bathune Jr. date ____ Installed by: ____

Improvement Permit by: Jeff Mogan date 4/28/99 Operation Permit by: ____ date ____

Authorization to Construct by: Jeff Mogan date 4/28/99 Existing System Inspection by: Jeff Mogan date 4/28/99

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

# IREDELL COUNTY HEALTH DEPARTMENT

Cont. Auth. RAY SHORT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 (3.00)

## IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTIO.

PROPERTY DESCRIPTION NO. L 21017 DATE Sept. 19, 97 TAX MAP NO. part of 2KA 41A Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Laquan Cooke // Ray Short PHONE: Business _____ Home _____ WSIICA

ADDRESS 122 Little Creek Rd, Mooresville 4637-71-1758

LOCATION Brawley Sch Rd. TR OAK TREE Rd. TR HARBORCREST LANE on Right AT END

SUBDIVISION Harborcrest BLOCK / SECTION _____ LOT 13 LOT AREA > 20,000 ft² SITE CLASS. #5 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 194 Date 3/24/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 18"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: gravity conventional
Repair System Description: gravity pumped chambered
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12"

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

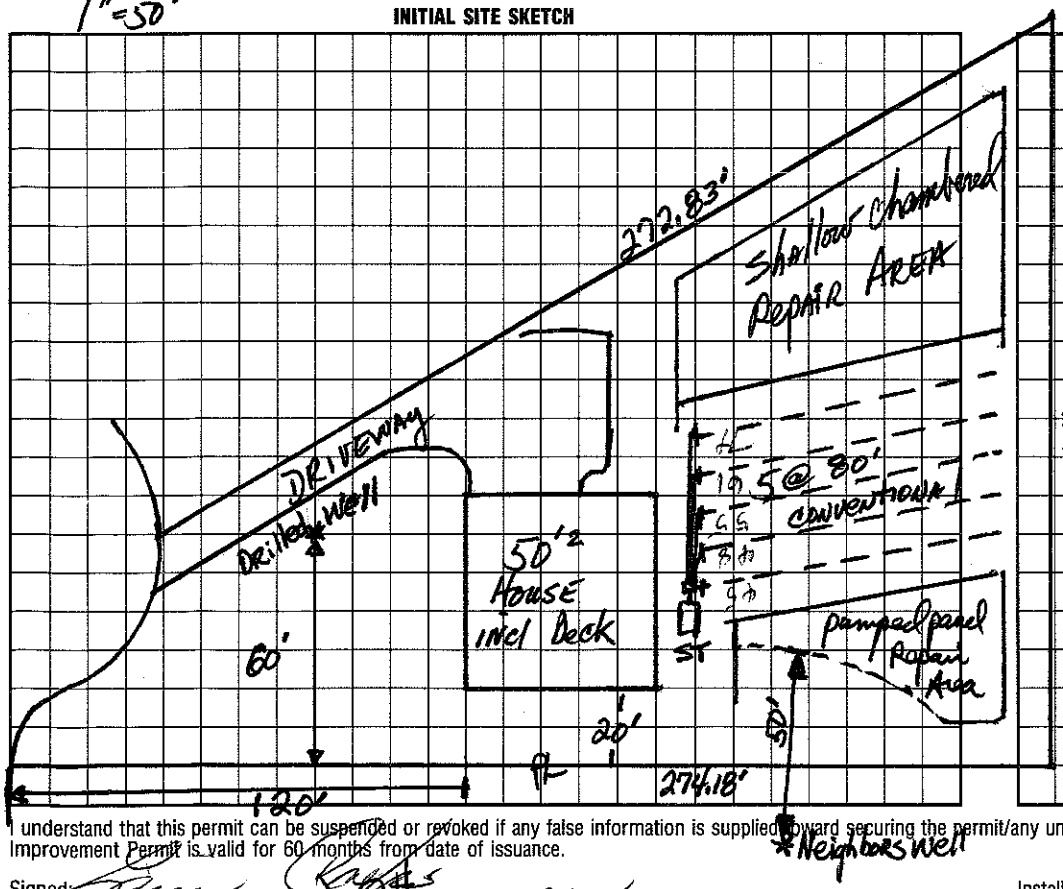
Water Supply:
☑ Individual
☐ Community
☐ Public

Comments:

Comments:

1"=50'

**INITIAL SITE SKETCH**




**AS BUILT SKETCH**

I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date 9-19-97

~~Final System Inspection~~ Construction Authorization by: _____ date 3-5-98

Installed by: FJ FRIV

Certificate of Completion by: _____ date 6/5/98

Operation Permit by: _____ date _____

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