IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 066575 PIN# ~~4638 777 776~~ 4638-68-3377 DATE 6/15/98

OWNER OR CONTRACTOR Harper Const Co. PHONE: Business ~~[illegible]~~ Home 478-3766

ADDRESS 1651 Lake Forest Dr. Catawba NC, 28609

LOCATION - Perth (R) To Stumpy Creek To Kiskadee, on (R)

SUBDIVISION Harborview BLOCK / SECTION 9 LOT 4 LOT AREA .75 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1080 Gallons; STB 794 Date 4/15/98

Pump Tank: ___ Gallons; PT ___ Date ___

Pump Make: ___ Model ___ Serial No. ___

Nitrification Field: No Fields 1 Square Feet *900 Linear Feet *300

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

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

System Description: FLOW DIVIDER - D/B - D/B - CH PLASTIC

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other ___

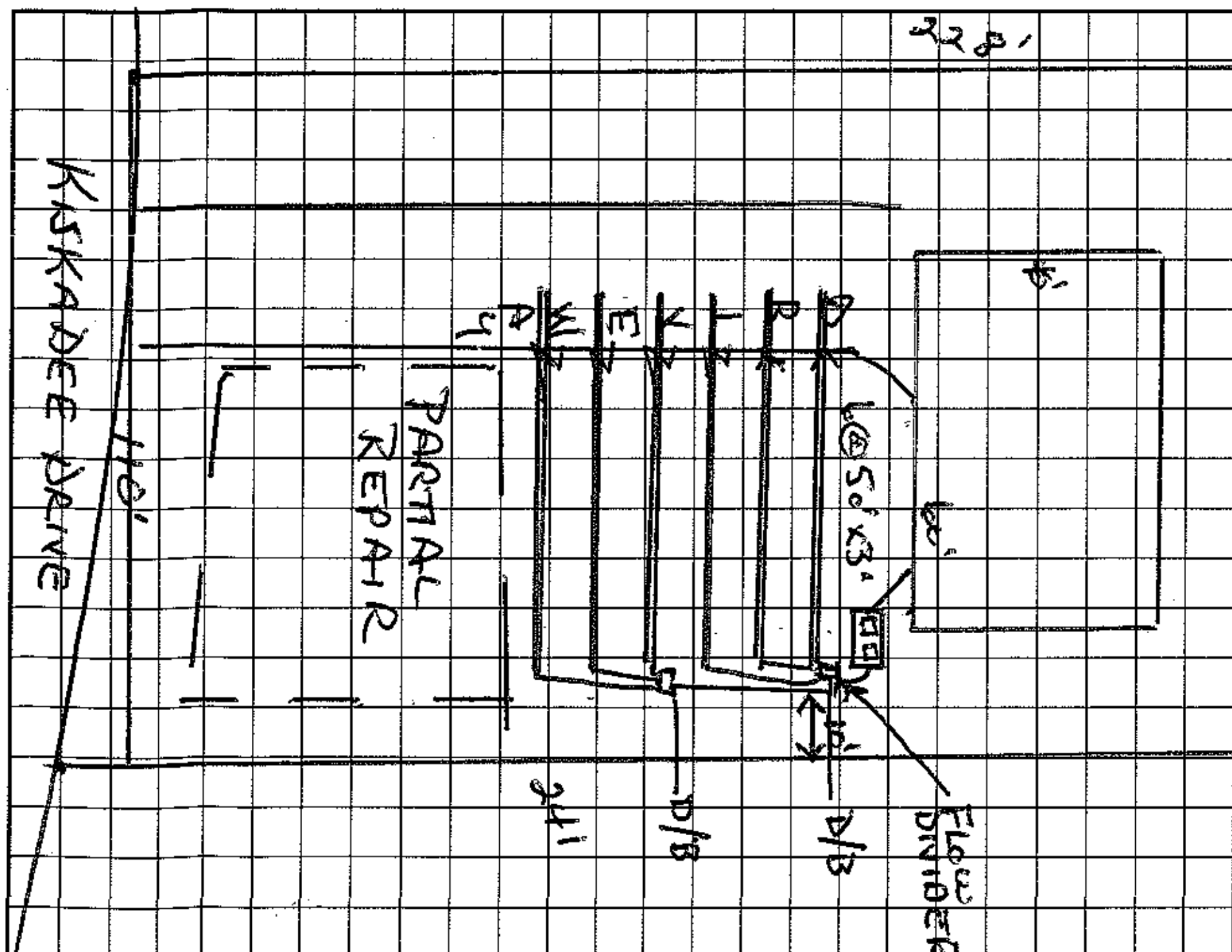
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

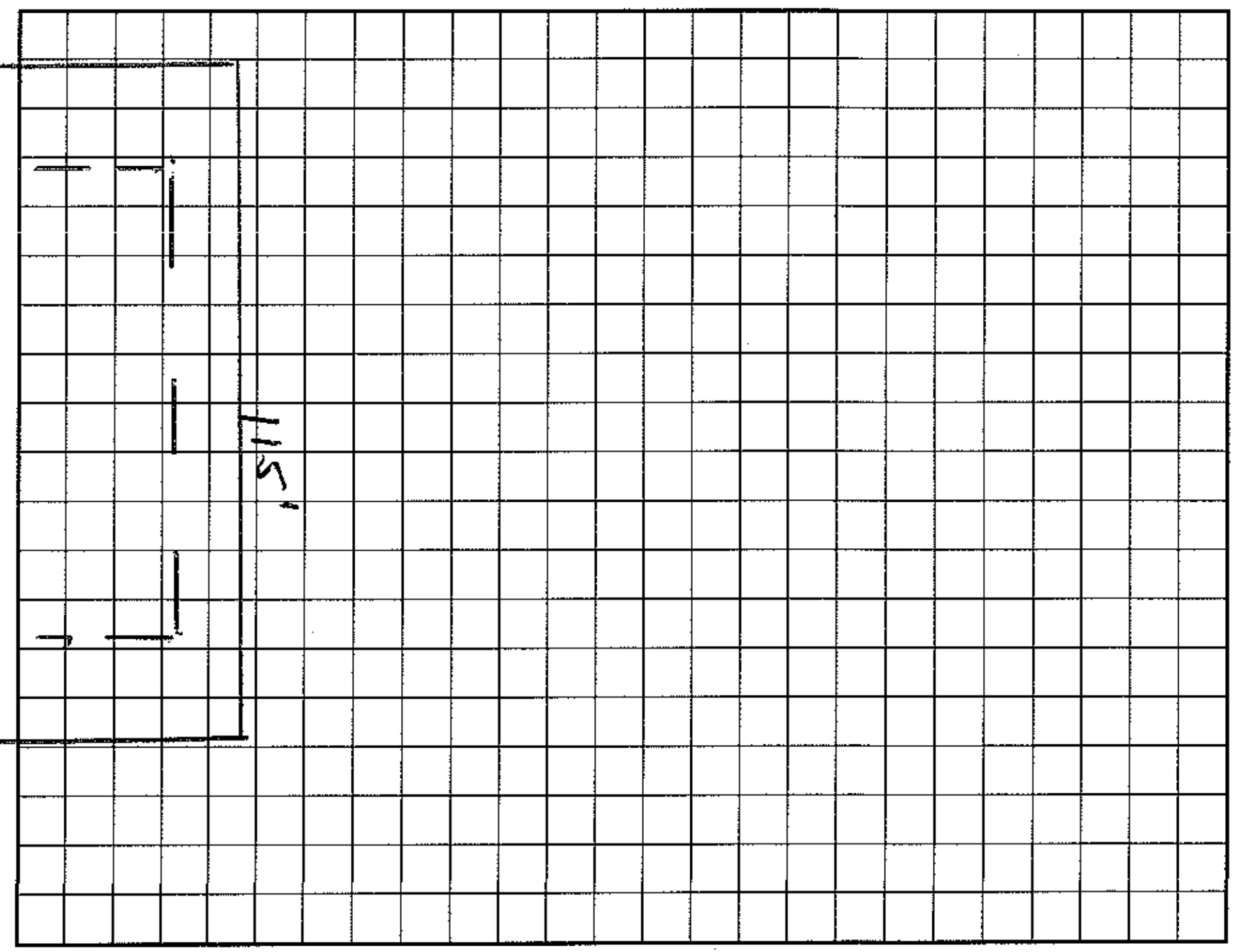
Comments:/Conditions: Permit Change

Comments:/Conditions:

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 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: * [signature] date 6-29-98 Installed by: Larry Beam

Improvement Permit by: Wesley Sparks R.S. date 6/15/98 Operation Permit by: Wesley Sparks R.S. date 7/1/98

Authorization to Construct by: Wesley Sparks R.S. date 6/15/98 Existing System Inspection by: ___ date ___

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