3130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 25370 (80067) PIN# 25-A-51 Pt of 4638-68-9071 DATE 7/23/98

OWNER OR CONTRACTOR Charles Strickland PHONE: Business 664-3470 Home

ADDRESS Sea Trail Dr. Mooresville, NC 28115

LOCATION Harborview - Perth Rd TL Sea Trail on (R) past Crescent Ct. 360 Acres.

SUBDIVISION HARBORVIEW BLOCK / SECTION 7 LOT 20 LOT AREA 1.13Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB RST825 Date 8/11/94
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. 450
Nitrification Field: No. Fields 1 Square Feet 1620 Linear Feet ~~540~~
No. Lines ~~4~~ 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Drip Conventional
Repair System Description: Type III Ch Plastic
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms ~~4~~ 5 No. Bathrooms 3 No. Employees ____

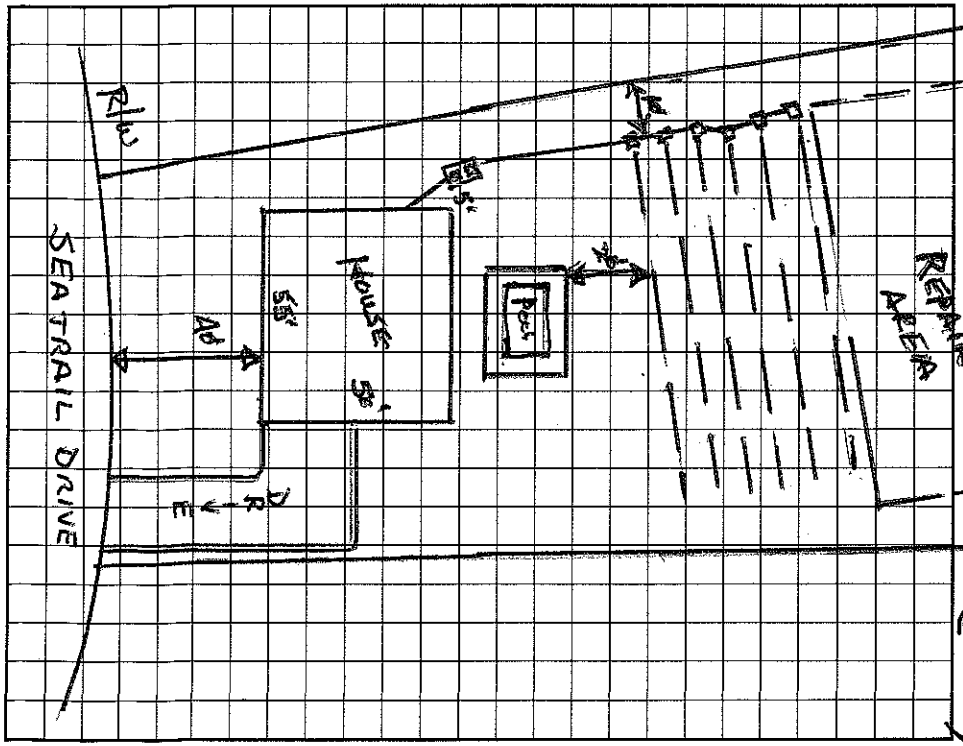
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

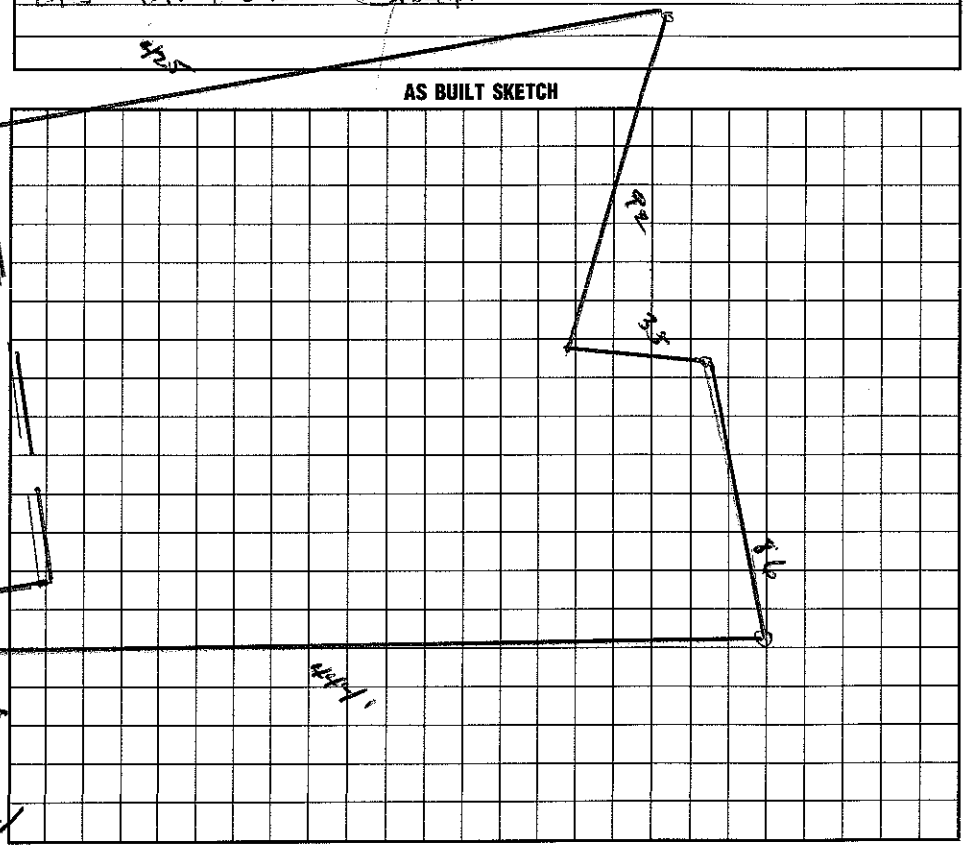
Comments:/Conditions: After a riser installed

Comments:/Conditions: Installed 5 lines at 90' each AS drawn - 3 Bedroom

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: Charles W. Strickland date _____

Improvement Permit by: Wesley Sparks R.S. date 7/23/98

Authorization to Construct by: Wesley Sparks R.S. date 7/23/98

Installed by: Wayne Clontz date 9/23/98

Operation Permit by: Wesley Sparks R.S. date _____

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