(1:30)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 25356 PIN# 25-A-51 pt of 4638-77-3601 DATE 1/23/98

OWNER OR CONTRACTOR CARLO MCKOY PHONE: Business 547-1461 Home

ADDRESS 4516 NEW GARDEN CT. CHARLOTTE NC 28215

LOCATION PERTH RD. TL SEATRAIL - LOT ON LEFT

SUBDIVISION HARBORVIEW BLOCK / SECTION 6 LOT 6 LOT AREA 1.11AC SITE CLASS. 45 DESIGN FLOW 360 GPD L.T.A.R. .3 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 11/12/97

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 36" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: PANEL

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

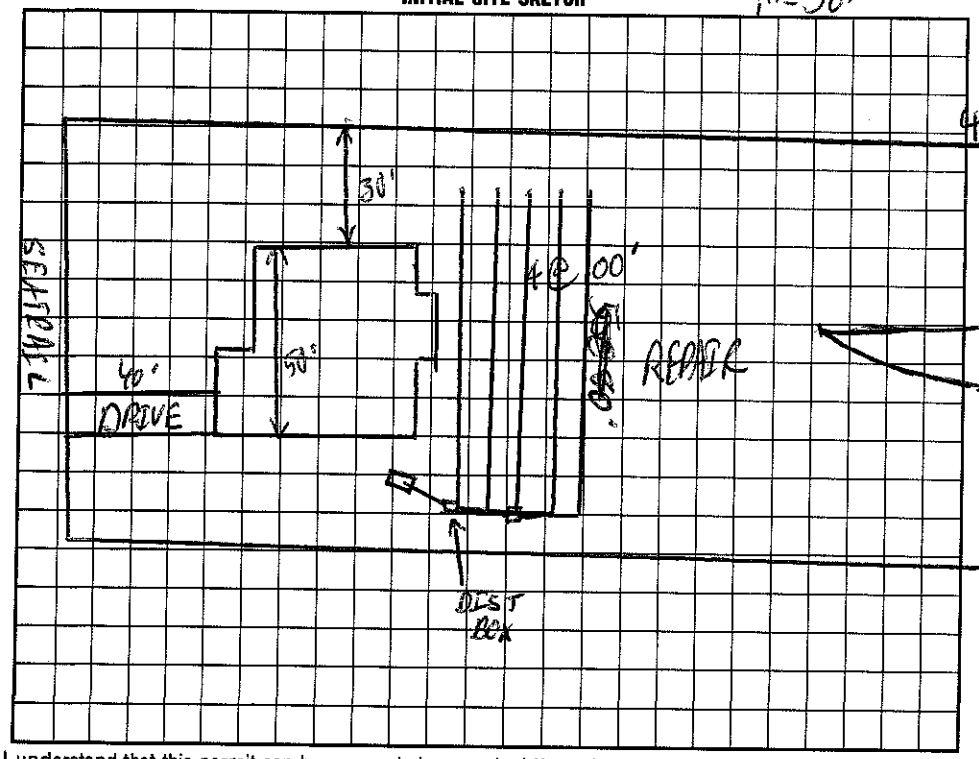
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

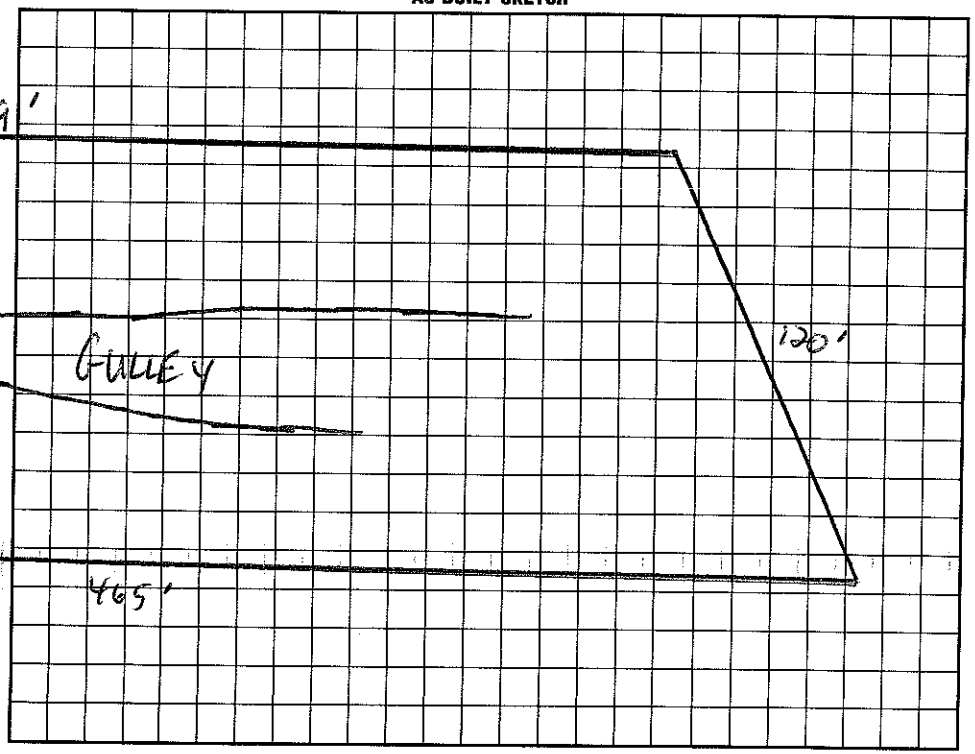
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



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: X C. Carlo McKoy date 2/6/98

Improvement Permit by: C. Ray Freeman LS date 1/23/98

Authorization to Construct by: C. Ray Freeman LS date 1/23/98

Installed by: LARRY TUCKER

Operation Permit by: C. Ray Freeman date 3/13/98

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