IREDELL COUNTY HEALTH DEPARTMENT

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

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

1:00

PERMIT# 066832 PIN# ~~4638 77 7916 pc~~ 4638-77-8013 DATE 1/7/98

OWNER OR CONTRACTOR VAN EDWARD CONTRACTING PHONE: Business 664-7868 Home

ADDRESS 150 ROCKY RIVER RD · MOORESVILLE NC 28115

LOCATION 150W - TR PERTH - TL WIMBREL - IN CUL-DE-SAC

SUBDIVISION HARBORVIEW BLOCK / SECTION II LOT 10 LOT AREA .65AC SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .36 GPD/FT

Septic Tank: 1000 Gallons; STB TY Date 5/22/98

Pump Tank: ____ Gallons; PT ____ Date 1/7/98

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4 @ 75' Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth N/A

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

System Description: GRAVITY CHAMBERED OR HOS

Repair System Description: GRAV/PUMP SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

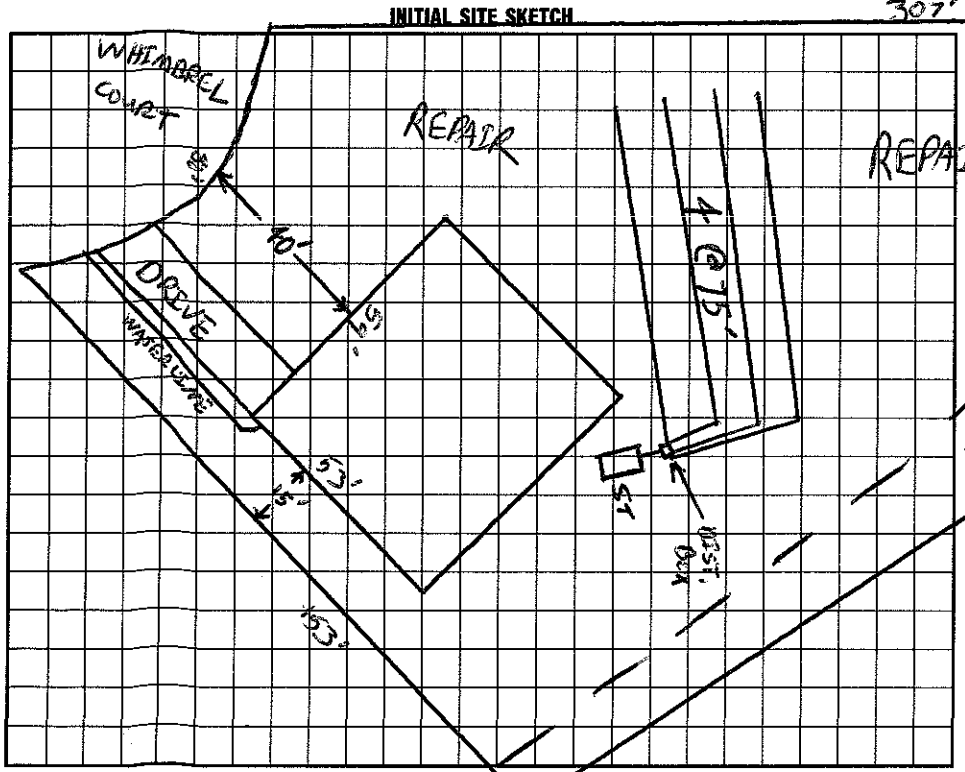
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☑ Community

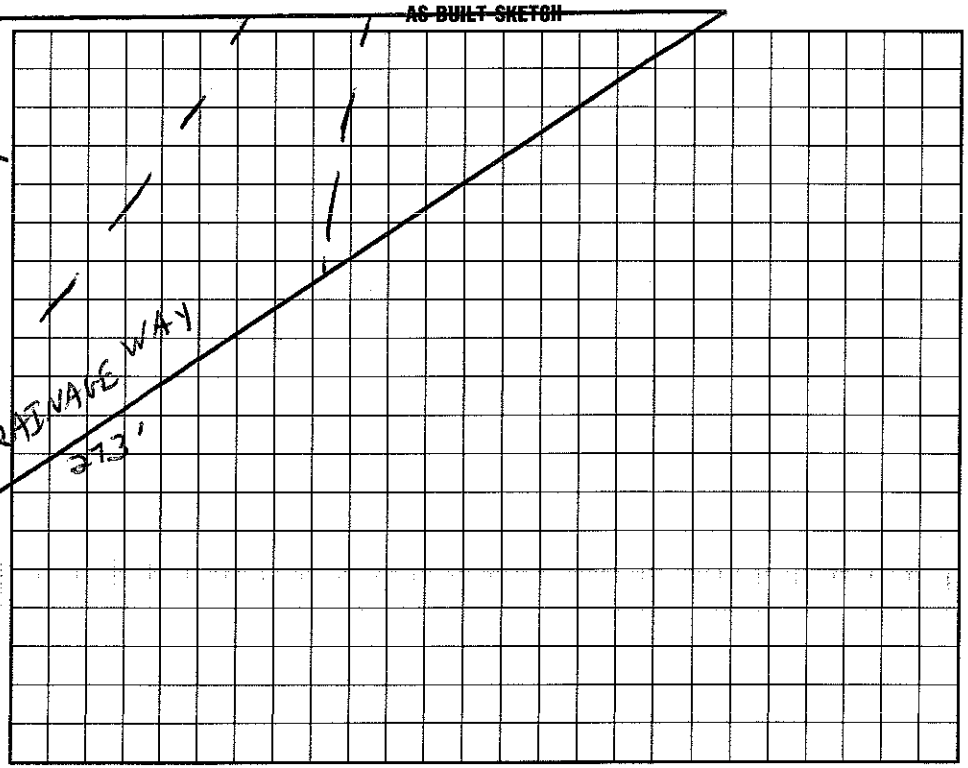
Comments:/Conditions: REVISED

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: Tracy D. VanDuten VanEduard Contractor's Agent date 1-16-98

Improvement Permit by: C. Ray Freeman date 1/7/98

Authorization to Construct by: C. Ray Freeman date 1/7/98

Installed by: LARRY BEAM

Operation Permit by: C. Ray Freeman date 8/26/98

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