IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072604 PIN# ~~4639734550~~ pt 4638-87-1925

OWNER OR CONTRACTOR ~~[redacted]~~ / Eagle Wing Builder PHONE: Business (828) 478-5151 Home 634-4776 DATE 10/3/2000

ADDRESS 8649 Blue Heron Dr. Terrell, NC 28682

LOCATION Perth Rd North IR into Harbor Landing bear left on left

SUBDIVISION Harbor Landing BLOCK / SECTION III LOT 46 LOT AREA 25,683 SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 2/20/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 at 100' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: ~~Grav~~ / pumped 25% Red.

Maintenance Agreement Required: ☑ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other _____

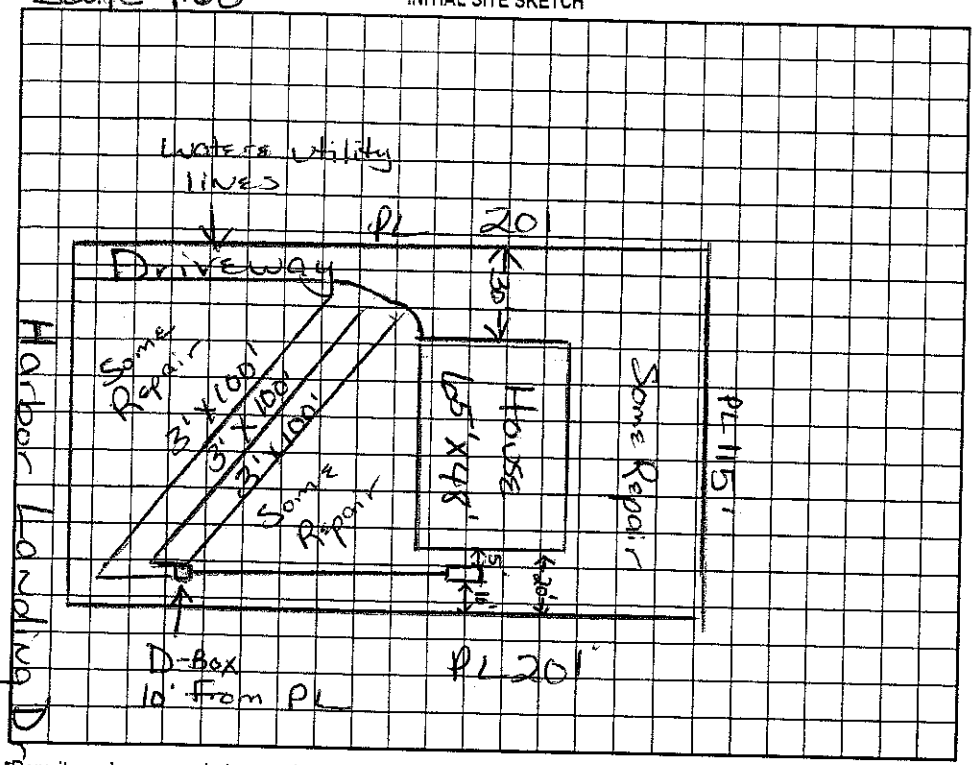
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: Remove old beams/terraces. Keep Septic System at least 10' from PL & 5' from house.

Comments:/Conditions: Replaces permit issued 7/24/98 ★ Okay to install Drainfield in 4-75' lines. MD

Scale 1:60 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: _____ date 10-12-00 Installed by: Larry Beam

Improvement Permit by: Maria H. Dolson RS date 10/3/2000 Operation Permit by: _____ RS date 8/8/02

Authorization to Construct by: Maria H. Dolson RS date 10/3/2000 Existing System Inspection by: _____ date _____

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