IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-6[illegible]

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

PERMIT# 072600 PIN# 4629734550 (pt) 4638 87 3637 DATE June 13, 2000

OWNER OR CONTRACTOR Elwyn Tatu PHONE: Business _____ Home _____

ADDRESS 382 Templeton Rd. Mooresville

LOCATION Perth Rd. N. TR into Harbor Landing Bear left on left

SUBDIVISION Harbor Landing BLOCK / SECTION III LOT 43 LOT AREA 23,136 ft² SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 10-3-2000
Pump Tank: 1000 Gallons; PT 302 Date 9-18-00
Pump Make: Zoeller Model M137 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 or 4 Trench Width 36" Max Trench Bottom Depth ~30" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM - Innovative -25% Red.
Repair System Description: LP Innov. // Gravel Block
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

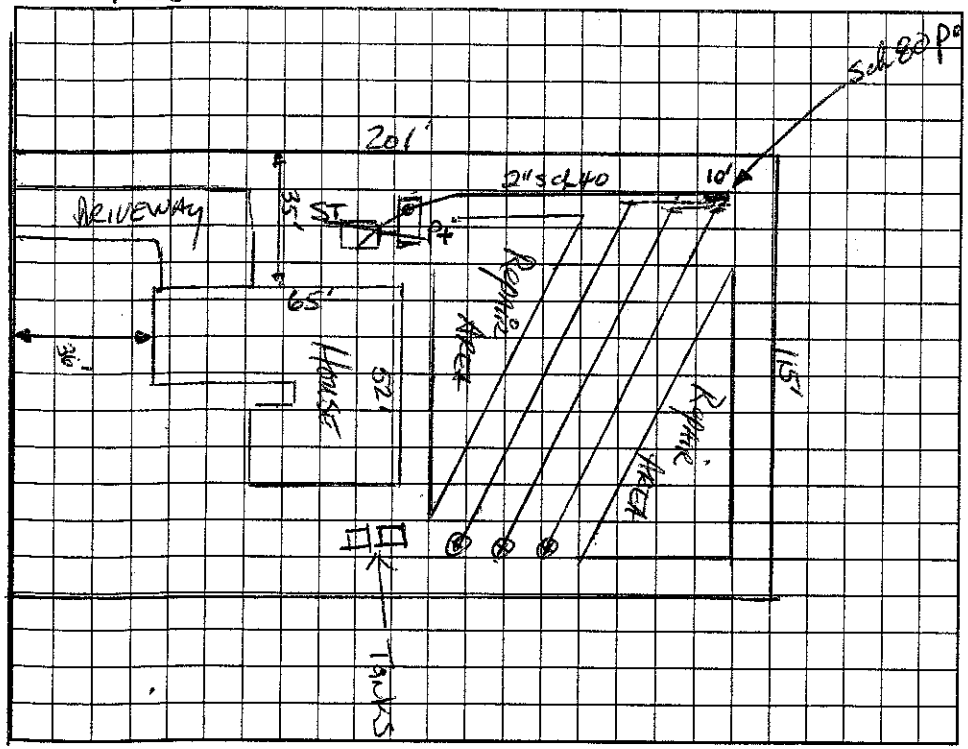
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions: @ ONE INSPECTION good per Lateral, set flush with finished grade
4 @ 75'
* MAY SET TANKS ON OTHER SIDE *

Comments:/Conditions: Polylock Filter
Pressure Checked 11/16/2000
Tanks & lines checked.
* Caulk where wires come into NEMA 4X Box

1" = 50'

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 6-14-00 Installed by: Delbert Bostian R.S.

Improvement Permit by: _____ date 6-13-00 Operation Permit by: _____ date 12/13/2000

Authorization to Construct by: _____ date 6-13-00 Existing System Inspection by: _____ date _____

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