# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072711 PIN# 4639734550 (pt) 4638 88 0322 DATE May 24 '99

OWNER OR CONTRACTOR Manus Horner PHONE: Business 528-4270; 579-3000 Home

ADDRESS PO Box 258 Matthews

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

SUBDIVISION Harbor Landing BLOCK / SECTION 4 LOT 63 LOT AREA 25,683 ft² SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 312 Date 9/27/99

Pump Tank: 1000 Gallons; PT 27 Date 9/24/97

Pump Make: MYERS Model MW50-11A Serial No. 26088D901

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100 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: pm- INNOVATIVE -25% Reduction

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 3 No. Employees

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

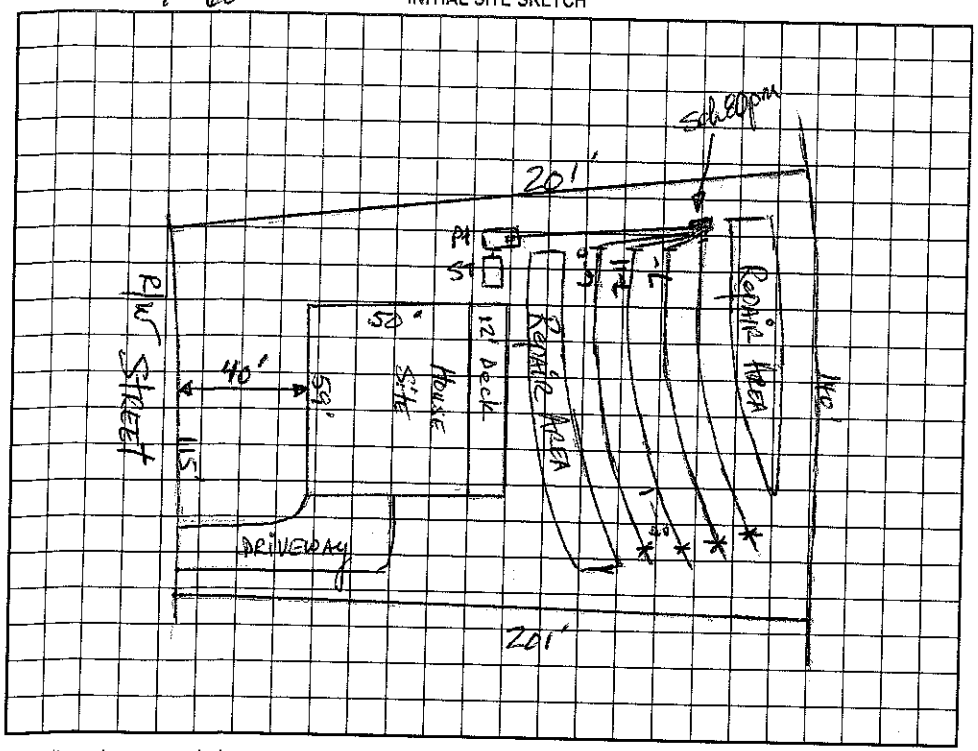
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: * ONE Inspection port per LATERAL

Comments:/Conditions: Replaces previous permit.

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: DH Manus date 5-24-99

Improvement Permit by: Steve Thomas, RS date 5-24-99

Authorization to Construct by: Steve Thomas, RS date 5-24-99

Installed by: Larry Beam Grading

Operation Permit by: Maria H. Dotson RS date 12/13/99

Existing System Inspection by: date

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