IREDELL COUNTY HEALTH DEPARTMENT

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

Paid 50.00 Redraw

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECT.

PERMIT# 072134 PIN# ~~4639-73-4550(PL)~~ 4938-96-2766 DATE 3/25/00

OWNER OR CONTRACTOR Dan Custom Homes PHONE: Business 597-1461 Home

ADDRESS 4516 New Dardan Ct. Charlotte, NC. 28216

LOCATION Perth N TR Sagemore on (L) past Harbor Landing intersection, 2ND on (L)

SUBDIVISION Harbor Landing BLOCK / SECTION 2 LOT 19 LOT AREA 22,182 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7-16-00

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ 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 ~~24~~ 24" ~~Gravel Depth~~ SAND.

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Infiltrator - HDS on CH PLASTIC

Repair System Description: 16" PPBS

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other ____

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

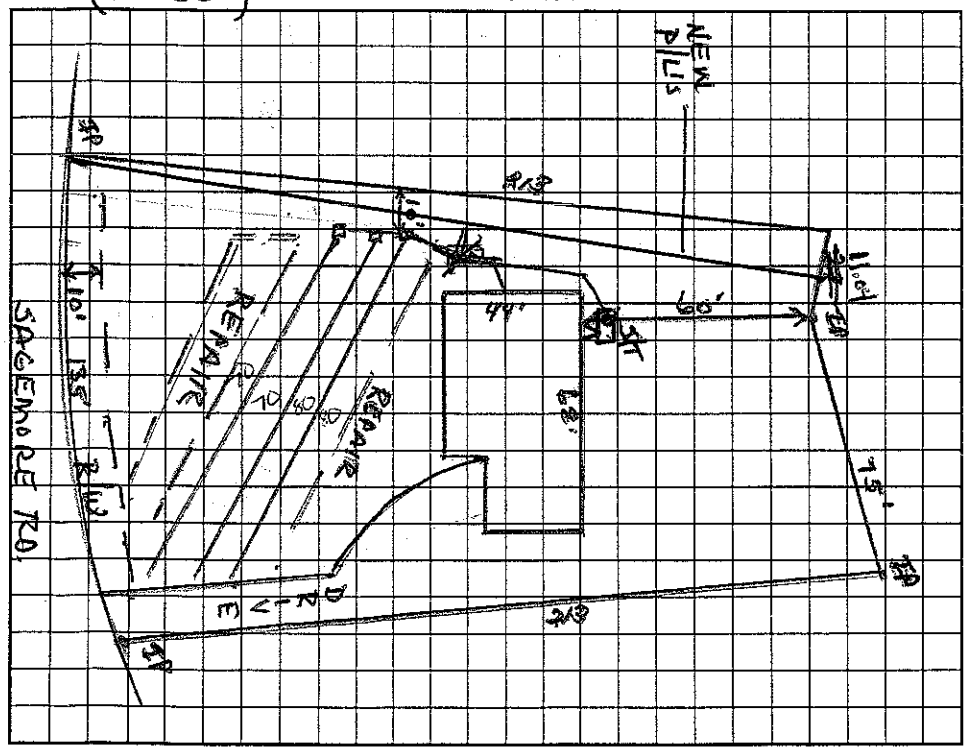
Water Supply: [ ] Individual [ ] Public [X] Community

Comments:/Conditions: (May use 4 lines at 75' x 3') AWS

Comments:/Conditions:

(1" = 50')

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed in 4 lines

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: * Carla McKoy date 4/6/00

Improvement Permit by: Wesley Sparks RS. date 3/25/00

Authorization to Construct by: Wesley Sparks RS. date 3/25/00

Installed by: R & H Inc date ____

Operation Permit by: Maria H. Dobson RS date 8/29/00

Existing System Inspection by: ____ date ____

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