IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079184 PIN# 4664 49 9462

OWNER OR CONTRACTOR Dan Wheeler PHONE: Business _____ Home 616-349-4350 DATE 2/22/99

ADDRESS 7456 Douglas Ave Kalamazoo, Mich. 49004

LOCATION Shearers Rd, on (L) just before Presbyterian Rd, on (L) of lot 22 Bella Glade

SUBDIVISION No BLOCK / SECTION _____ LOT No LOT AREA .43 SITE CLASS. AS DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 925 Date 3/7/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900* Linear Feet 300*
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Ch. Plastic - Infiltrator*
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

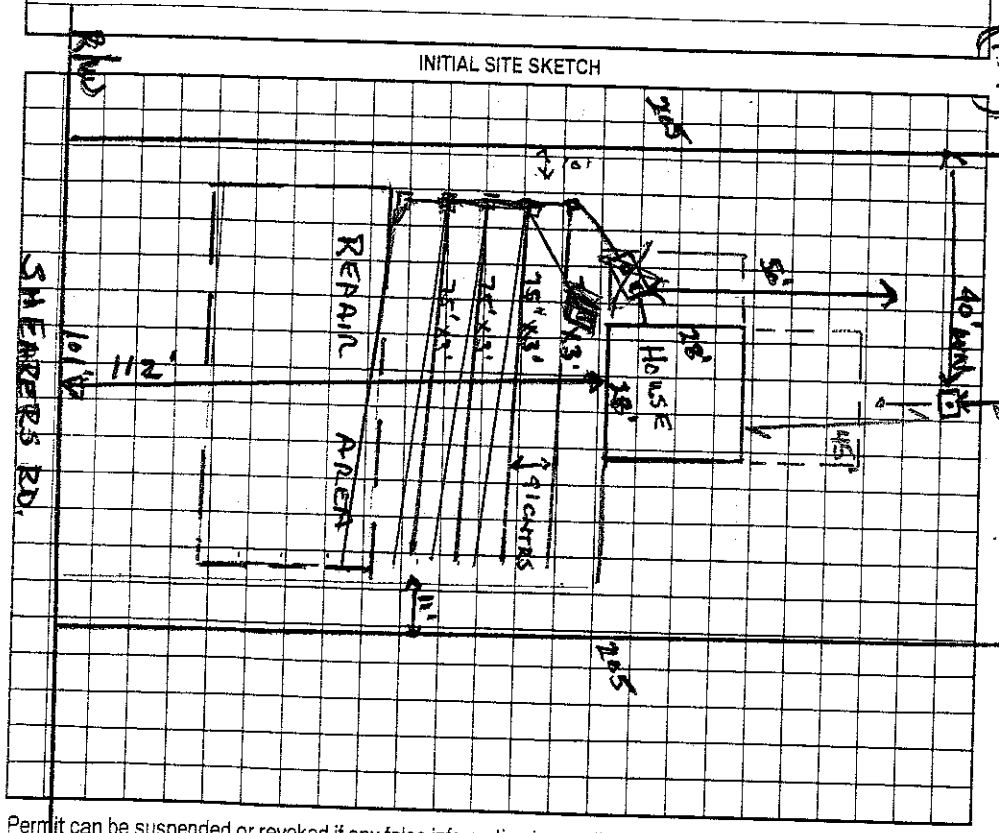
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

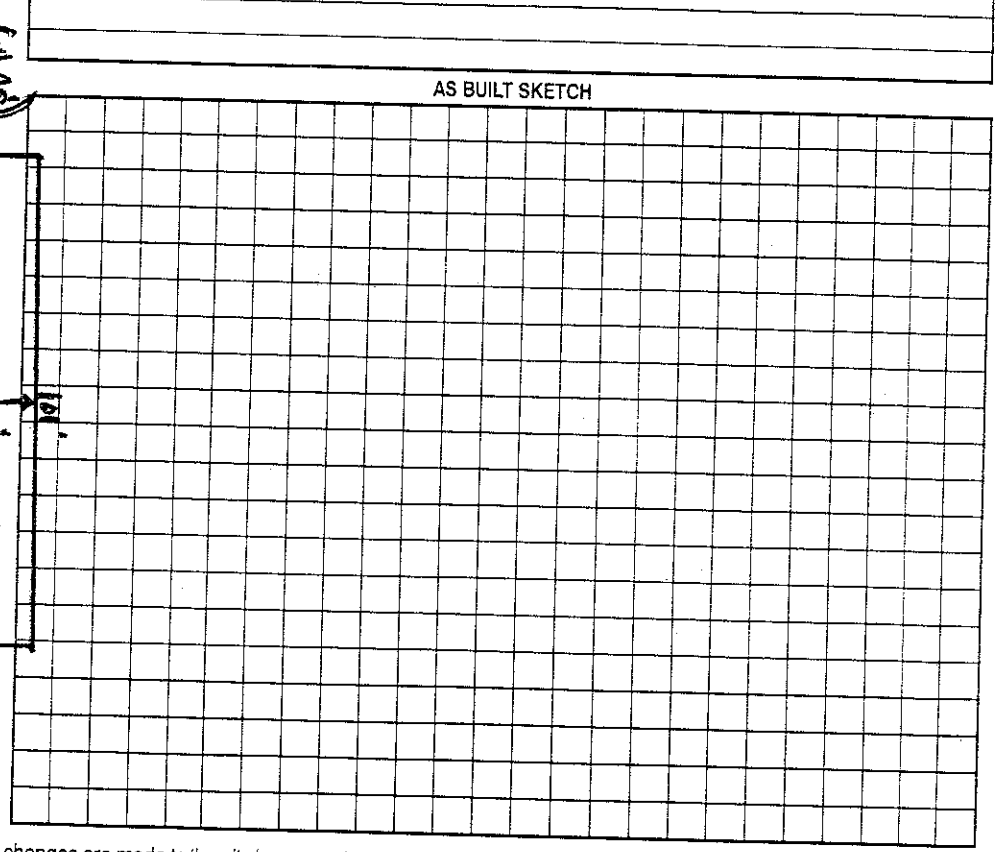
Comments:/Conditions: * 25% Reduction Calculated - install what is shown on this permit.

Comments:/Conditions:

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: * _____ as agent date 9-25-99 Installed by: Delbert Bostian

Improvement Permit by: Wesley Sparks RS. date 2/22/99 Operation Permit by: Wesley Sparks RS. date 4/28/00

Authorization to Construct by: Wesley Sparks RS. date 2/22/99 Existing System Inspection by: _____ date _____

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