IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 2/22/99

PERMIT# 079184 PIN# 4664 49 9462 PHONE: Business _____ Home 616-349-4850

OWNER OR CONTRACTOR Dan Wheeler

ADDRESS 7456 Douglas Ave, Kalamazoo, Mich. 49004

LOCATION Sheaners Rd, on (L) just beyond Presbyterian Rd., on (L) of lot 22 Belle Glade

SUBDIVISION No BLOCK / SECTION _____ LOT No LOT AREA .43 SITE CLASS PS 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 - Incubex*

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

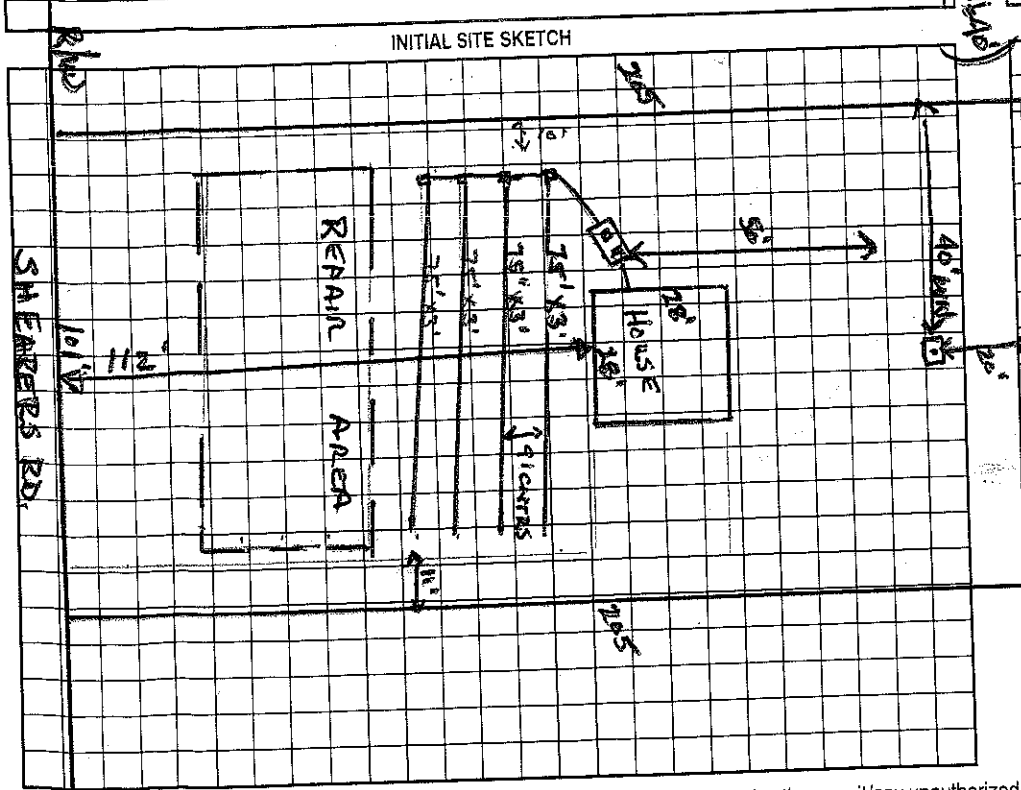
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

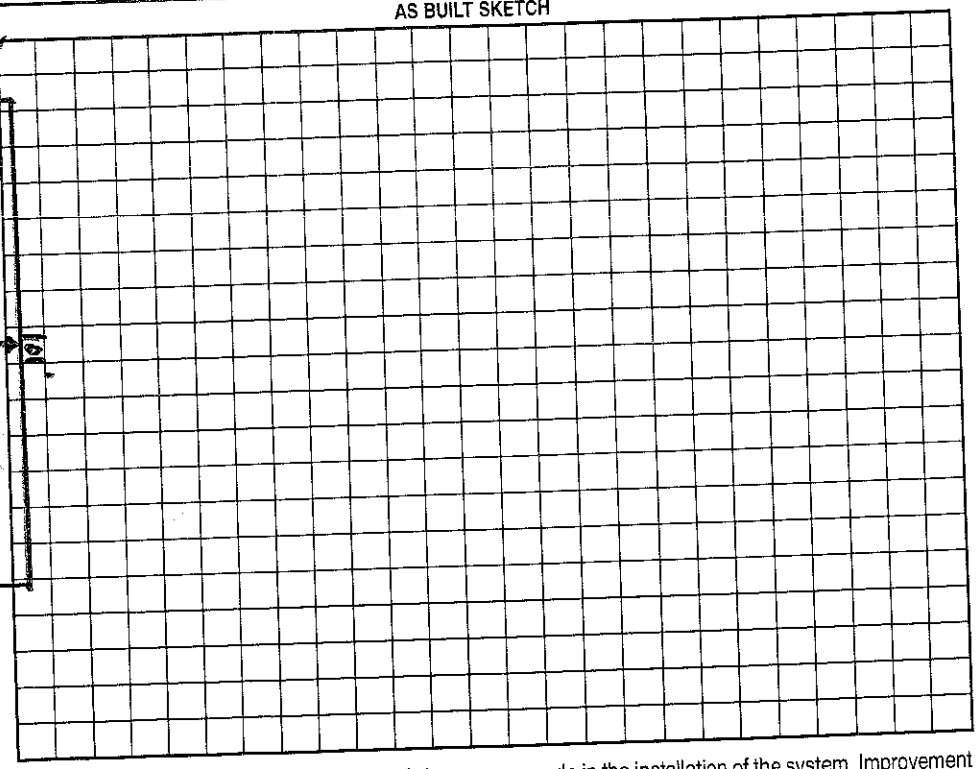
Comments:/Conditions: * 25% Reduction Calculated - install what is shown on this permit.

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: [signature] as agent date 2-25-99

Improvement Permit by: Wesley Sparks RS. date 2/22/99

Installed by: Delbert Bostian

Operation Permit by: Wesley Sparks RS. date 4/28/00

Existing System Inspection by: _____ date _____