IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83398 PIN# 4710912487 DATE Sept 7, 99

OWNER OR CONTRACTOR Tim Harris PHONE: Business _____ Home 846-2957

ADDRESS 1801 Willow Oaks Dr Weddington, NC 28104

LOCATION E Monroe (L) St Johns (R) Clark Cove on Right AT Top of Last hill

SUBDIVISION Old Homestead BLOCK / SECTION _____ LOT 16 LOT AREA 1 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 1012 Date 11-16-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 170 on Plat

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type I II III IV V VI

System Description: GRAVITY Panels (1PBR's)

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A

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

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

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

Water Supply: ☒ Individual ☐ Public ☐ Community

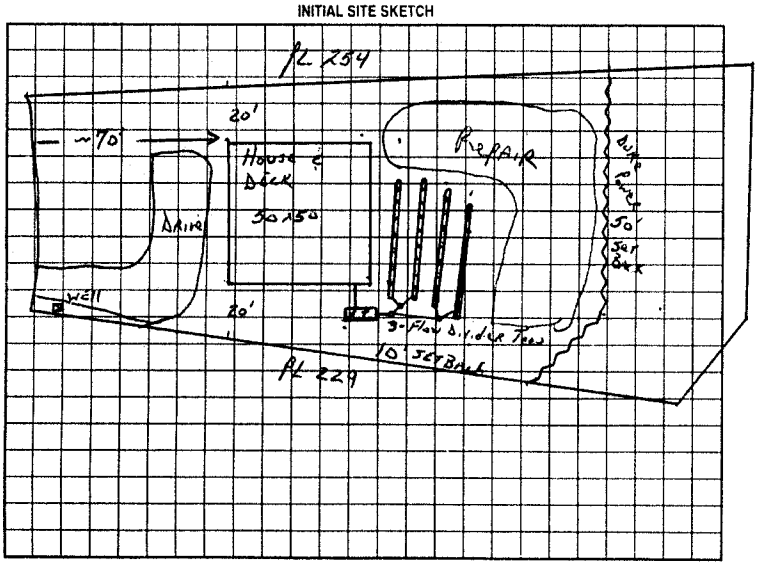
WELL

Comments/Conditions: 40 80 panels 28 Ton Sand

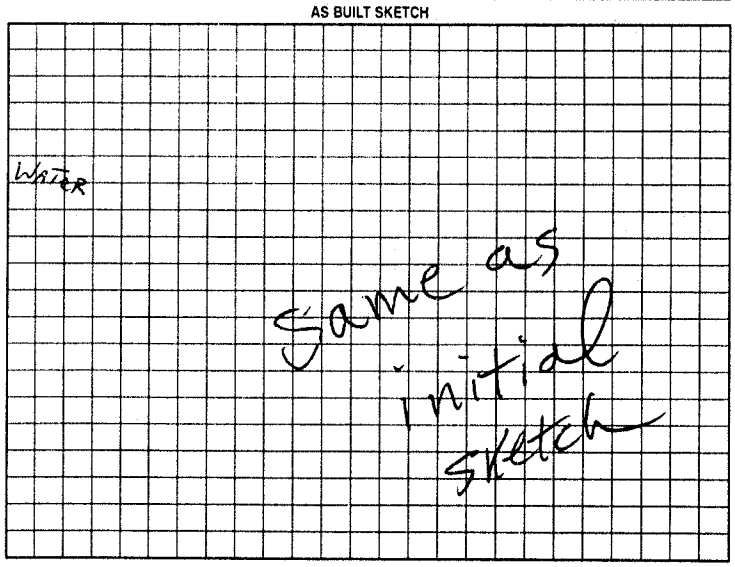
10 Panels / Fine

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: Susan McCann date 9-10-99 Installed by: David Yount

Improvement Permit by: J.C. Potter date Sept 7 99 Operation Permit by: L-C. Moore date 3-16-00

Authorization to Construct by: J.C. Potter date Sept 7, 99 Existing System Inspection by: _____ date _____

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