IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 135600 PIN# 4760585987 DATE 5-30-06

OWNER OR APPLICANT Daniel McGathey PHONE: Business 658-8338 Home Bryan 657-5332

ADDRESS 205 Markham Dr. Mooresville NC 28115

LOCATION E/S 21 TR Shinnville TL Brawley Rd 1.2 miles TR Fairhaven Crown to end on left

SUBDIVISION Fairhaven BLOCK / SECTION 1 LOT 15 LOT AREA 1.654 SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 744 Date 10-6-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 7 Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity - 25% Red Accepted
Repair System Description: 25% - 50% Reduction
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ____
No. Bedrooms 4 No. Persons ____ No. Employees ____

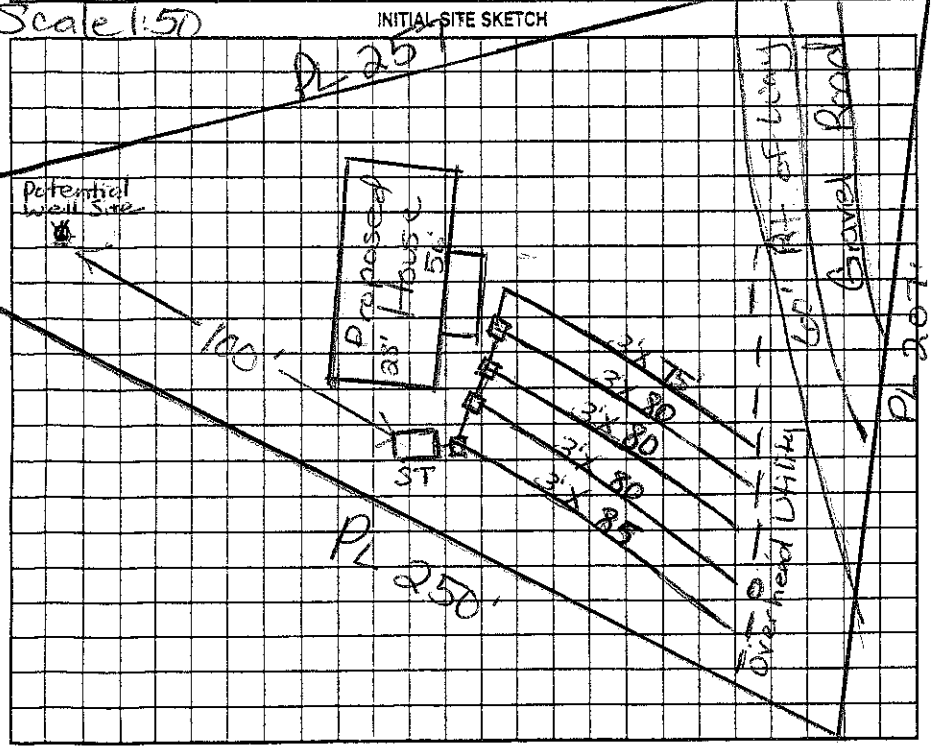
Water Supply: X Individual ☐ Public ☐ Community

Gravel Depth 10/4 X Gravity ☐ Pressure ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Keep Septic System 10' from PL & 100' from well. Keep Septic System Out of Rt of Way

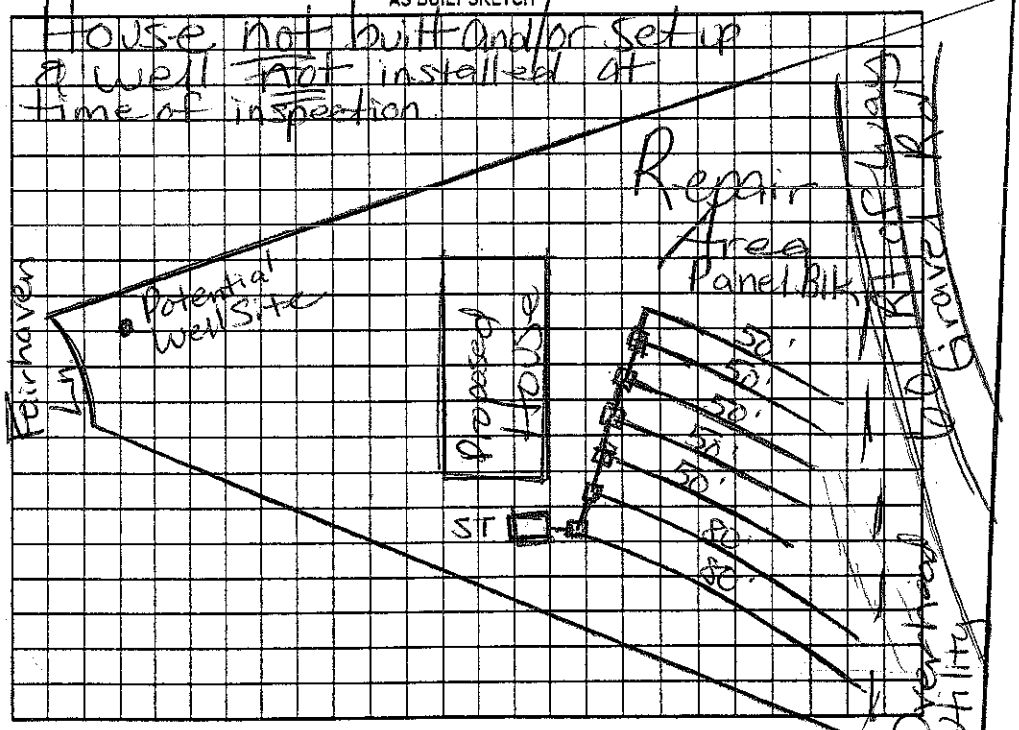
Comments:/Conditions: Do Not install drainlines under overhead utilities. May need to install in 6 lines. 600 (675 ft) Sneaked Quick 6 lines & ST 12/11/06

INITIAL SITE SKETCH



AS BUILT SKETCH

House not built and/or set up & well not installed at time of inspection



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] date 6/2/06

Improvement Permit by: [signature] RS date 5/30/06

Authorization to Construct by: [signature] RS date 5/30/06

Installed by: Marty Hucker

Operation Permit by: [signature] RS date 12/15/06

Existing System Inspection by: ____ date ____

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