IREDELL COUNTY HEALTH DEPARTMENT

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

This Voids All Previous Permits

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

PERMIT# 63104 PIN# 3774749738

OWNER OR CONTRACTOR John E French PHONE: Business _____ Home 865 7828 DATE Jan 26 2000

ADDRESS 691-A Carlton Dr Gastonia NC

LOCATION Sharon Sch Rd North ⓠ Stewart Rock ⓦ Fulbright ⓑ Gardner Point Lot on Right Corner of Fulbright & Gardner Pt.

SUBDIVISION Riverwalk BLOCK / SECTION VI LOT 18 LOT AREA 2.56Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 9-31-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, ⓘ III, IV, V, VI

System Description: Conv. Gravity

Repair System Description: Same Pump Pass 4 Lines

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

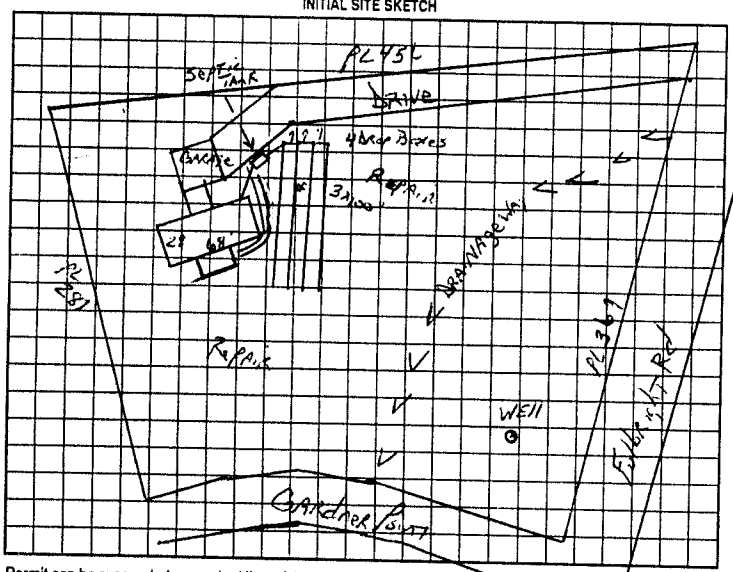
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community — WELL

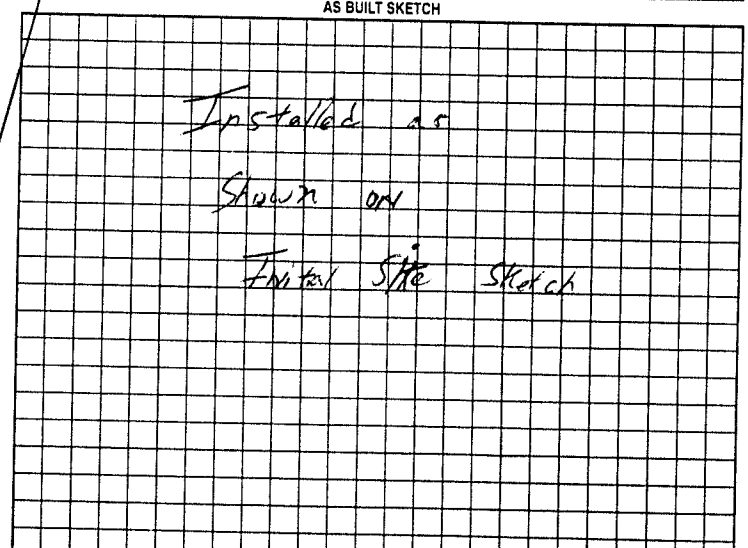
Comments:/Conditions: Install on contour
Keep System 100ft from Well
Locate Drive Along Property Line
4 Drop Boxes on 3 Flow Dividers Tees

Comments:/Conditions: Polylok Filter Installed
-Septic Tank ~~Risers~~ Risers Installed

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: John E. French date _____ Installed by: David Yount

Improvement Permit by: J. C. Potter date Jan 26 2000 Operation Permit by: William O. Johnson RSI date 4/4/01

Authorization to Construct by: J. C. Potter date Jan 26 2000 Existing System Inspection by: _____ date _____

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