Site Address: 421 Gardner Point Dr. - S. Point

IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 3-20-2000

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

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

PERMIT# 88828 PIN# 3R-A-1 (PT) PIN# 3794-92-1064 DATE 11-8-00

OWNER OR CONTRACTOR RANDAL & SUE HINSON PHONE: Business 566-5007 Home 643-0065

ADDRESS 4602 F COLONY ROAD, CHARLOTTE NC 28226

LOCATION SILVERON SCH. RD, TL STEWART ROCK, TL FULBRIGHT, TR GARDNER POINT, TL AT END, 1ST LOT ON RIGHT

SUBDIVISION RIVERWALK BLOCK / SECTION VII LOT 5 LOT AREA 1.144 ACRE SITE CLASS PS DESIGN FLOW 600 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1500 Gallons; STB 1011 Date 6-11-00

Pump Tank: 1500 Gallons; PT 99 Date 9-27-00

Pump Make: GOULDS Model EP0411A Serial No. J000 5483

Nitrification Field: No Fields 1 Square Feet EQ. TO 2000 Linear Feet 340

No Lines FIVE Trench Width 24" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: LOW-PRESSURE PPBPS PANELS

Repair System Description: LOW-PRESS. PPBPS PANELS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees

☐ Other

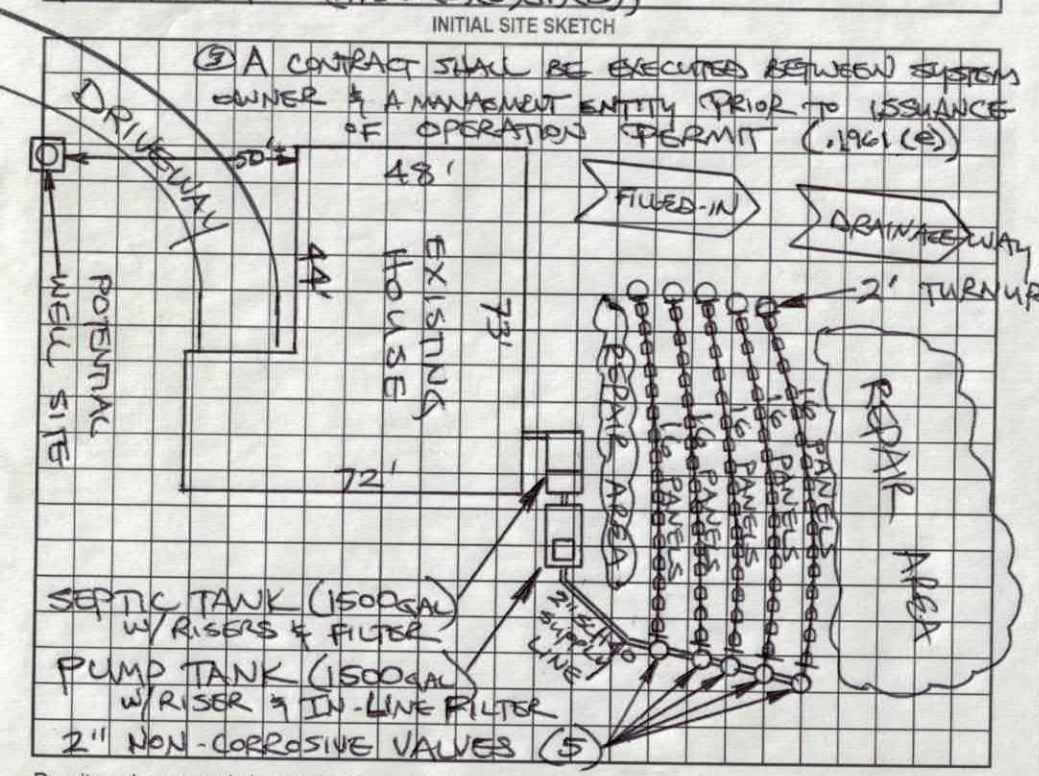
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

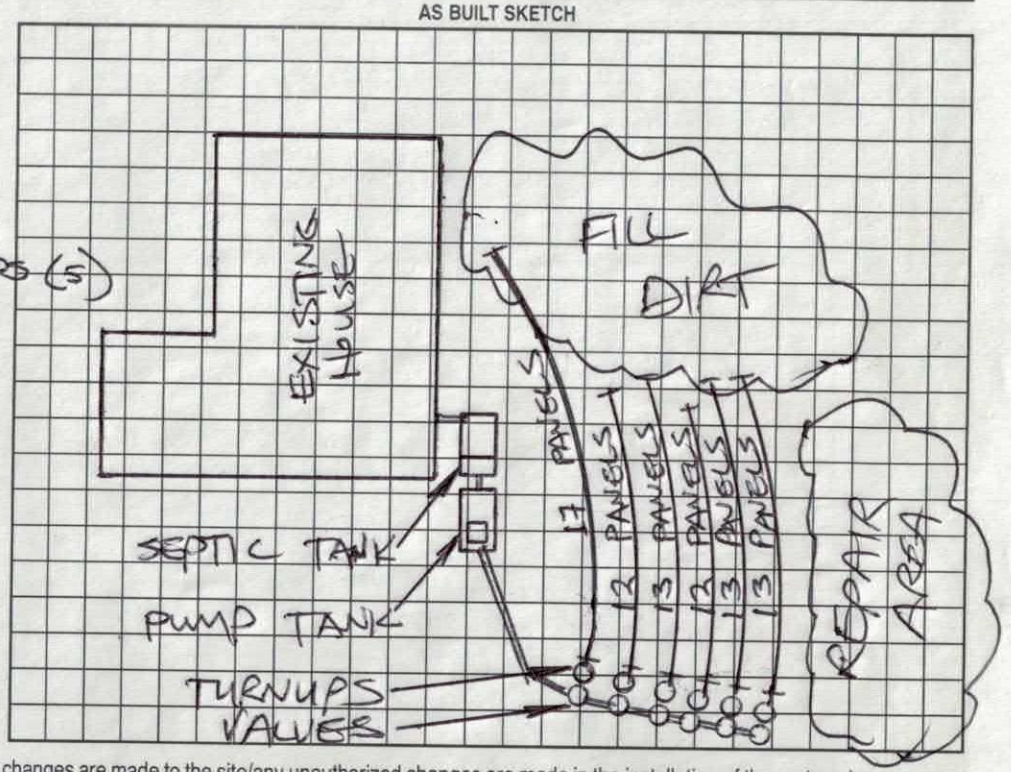
Comments/Conditions: ① INSTALL 50% REDUCTION SYSTEM USING EIGHTY (80) PPBPS PANELS USING LOW-PRESSURE DISTRIBUTION ② SEE ATTACHED SHEETS FOR PUMP & LOW-PRESSURE DIST. REQUIREMENTS (.1956 (3)(a)(ii)(E))

Comments/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "PolyLok" FILTER - SYSTEM CHANGED TO SIX DRAINLINES AS SHOWN DUE TO FILL DIRT AT END

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: Randal J Hinson date 11-9-00

Improvement Permit by: STEVE HEDRICK date 11-8-00

Authorization to Construct by: STEVE HEDRICK date 11-8-00

Installed by: TOMMY COTHREN

Operation Permit by: STEVE HEDRICK date 2-14-01

Existing System Inspection by: date

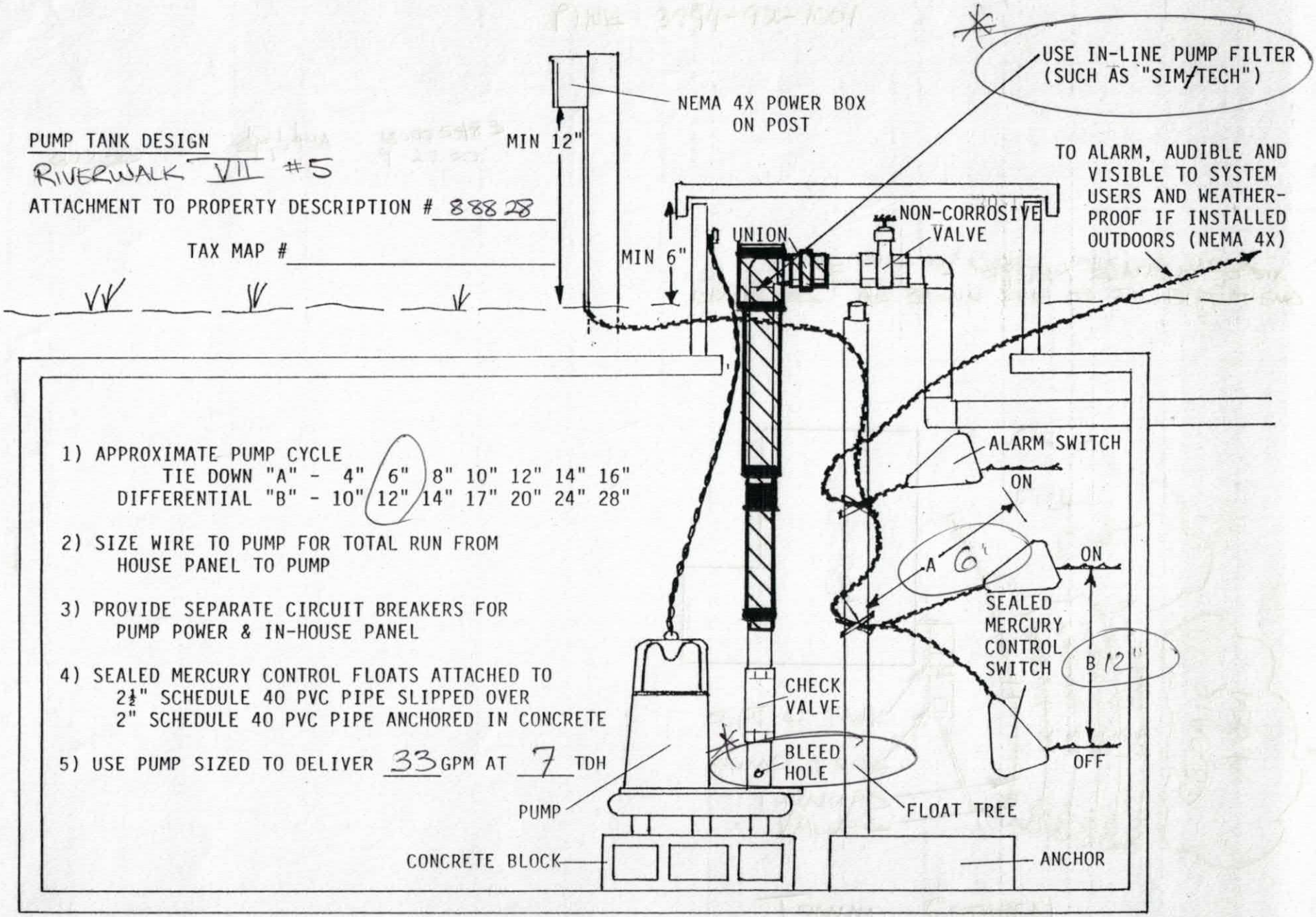
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

PUMP TANK DESIGN

RIVERWALK VII #5

ATTACHMENT TO PROPERTY DESCRIPTION # 88828

TAX MAP # _____



1) APPROXIMATE PUMP CYCLE
   TIE DOWN "A" - 4" 6" 8" 10" 12" 14" 16"
   DIFFERENTIAL "B" - 10" 12" 14" 17" 20" 24" 28"

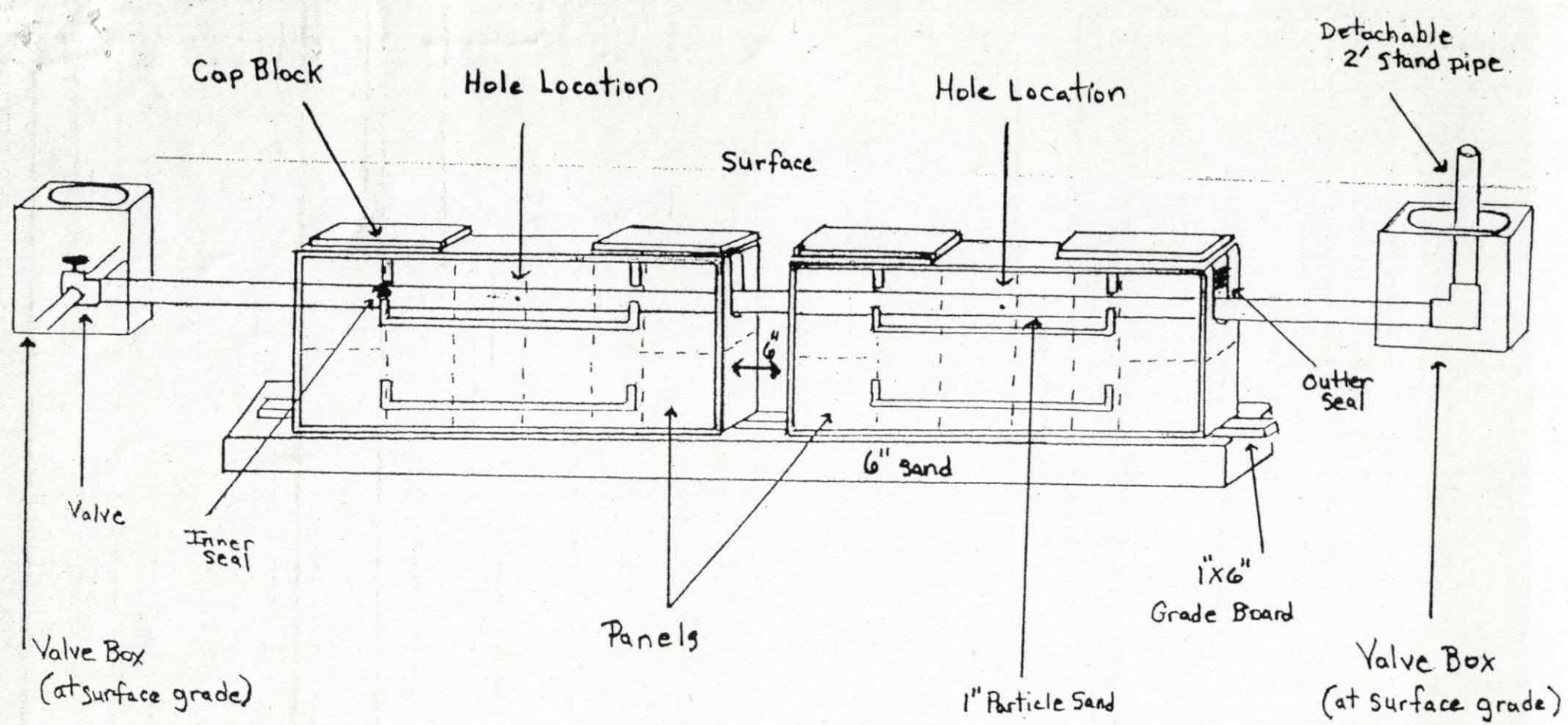
2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 33 GPM AT 7 TDH

THIS PERMIT VOIDS PREVIOUS ISSUED 3-20-2000



RIVERWALK VII #5
P.D.# 88828

Pressure Dosed PPBPS

# of panels 80.
Size holes 5/32". 1 hole per panel.
Approximate amount of sand needed 60 TONS.
100 lbs. of partical sand per 8 panels.
* Sidewalls raked and limed.
GPM 33.
TDH 7.

Comments

THIS PERMIT VOIDS PREVIOUS ISSUED 3-20-2000

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Randal + Sue Hinson	(828) 635-8622	P.O. Box 54	Scotts	NC	28699
Current Property Owner		Mailing Address	City	State	Zip Code
Randal + Sue Hinson		P.O. Box 54	Scotts	NC	28699

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Riverwalk	#5	#7	

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Private Well		

Specific Directions to Property Gardner Point Dr., Turn Left at end, 1st Lot on Right! Electrical Tower on Lot

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 5 No. Baths 4 1/2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing X

Crawl Space _____ Concrete Slab _____ Garbage Disposal / Jaccuzi or spa 1

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

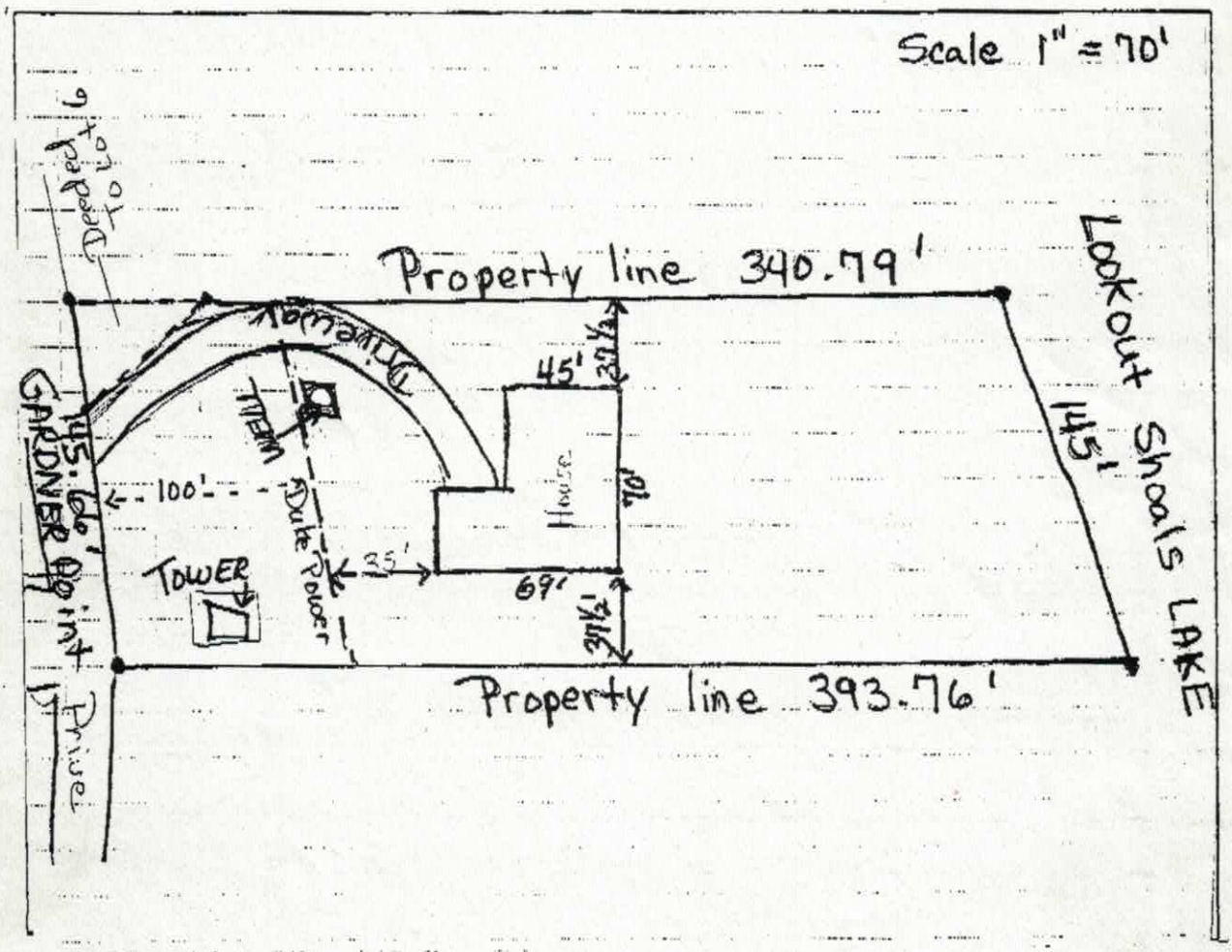
11/2/00 DATE Sue Hinson SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (and proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete only when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing all proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). S. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

2/24/00 Date Sue Winsor SIGNATURE OF OWNER/AUTHORIZED AGENT

TOTAL P.02
TOTAL P.03