IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088918 PIN# 3797 83 5156 DATE 5-4-00

OWNER OR CONTRACTOR STEPHEN ORRELL PHONE Business Home (704) 489-1319

ADDRESS 6350 SANDY RIDGE LANE, DENVER, NC 28037

LOCATION NC 90 WEST, TR MIDWAY RD, TL HALYBURTON ROAD, 6TH LOT ON RIGHT

SUBDIVISION HALY BROOK BLOCK / SECTION ____ LOT 10 LOT AREA 0.568 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 9-23-02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: 25% REDUCTION PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

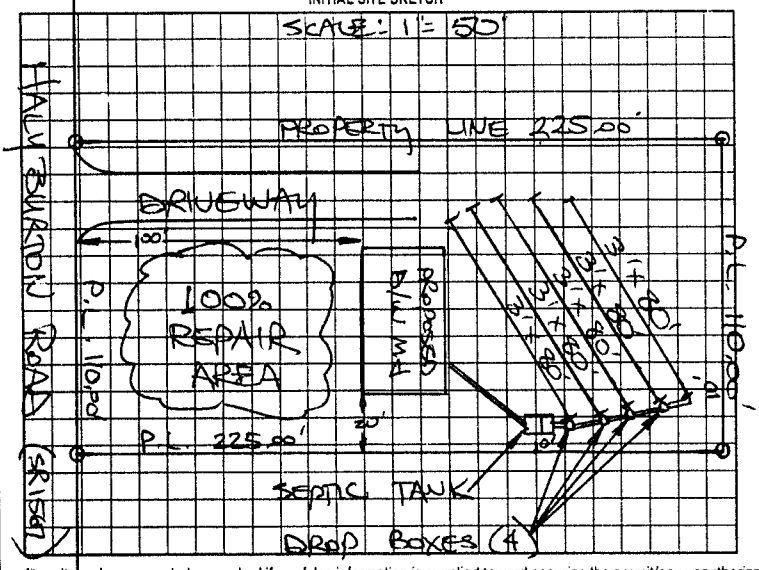
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

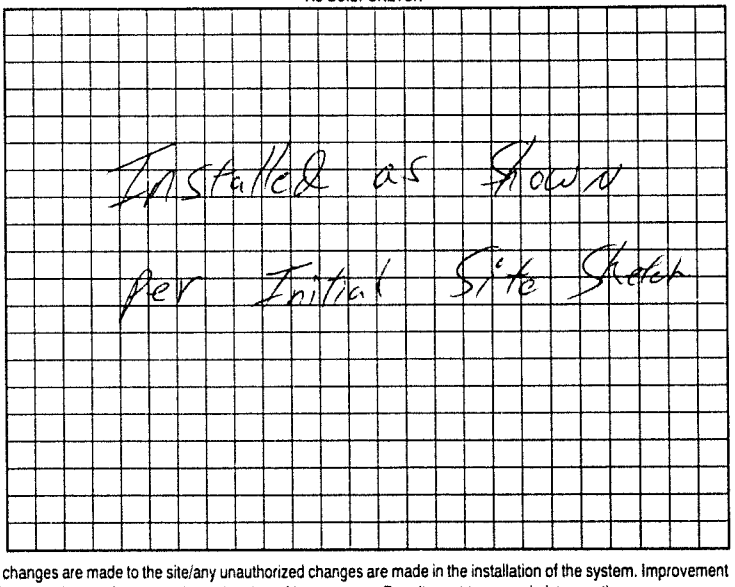
Comments/Conditions: INSTALL LINES ON CONTOUR AS SHOWN

Comments/Conditions:
- Polylok Filter Installed
- S.T. Maker 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: x Stephen W Orrell date 5-4-00 Installed by: C & J Septic (Todd Barthy)

Improvement Permit by: STEVE HERRICK date 5-4-00 Operation Permit by: William O. Johnson date 11/20/02

Authorization to Construct by: STEVE HERRICK date 5-4-00 Existing System Inspection by: ____ date ____

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