IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 Paid 50.00 MOORESVILLE 704-664-5281

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

PERMIT# 089056 PIN# ~~4626-05-5348~~ Barney Bumgarner 201-2783 DATE 11-17-2000

OWNER OR CONTRACTOR Phillip Thorne PHONE: Business 343-3546 Mobile 609-0054 Home 483-1435

ADDRESS 7900 Mountain Shores Rd. Sherrills Ford, NC 28673 4626-05-0348

LOCATION Brawley School Rd. TR Mc. Kendree Near end on left.

SUBDIVISION Pine Knoll Pt BLOCK / SECTION ____ LOT 8 LOT AREA 1.07Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 3/2 Date 6/17/01

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360

No Lines 4 at 90' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth ____

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

System Description: Gravity - 25% Reduction

Repair System Description: Gravity - Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 3 No. Employees ____

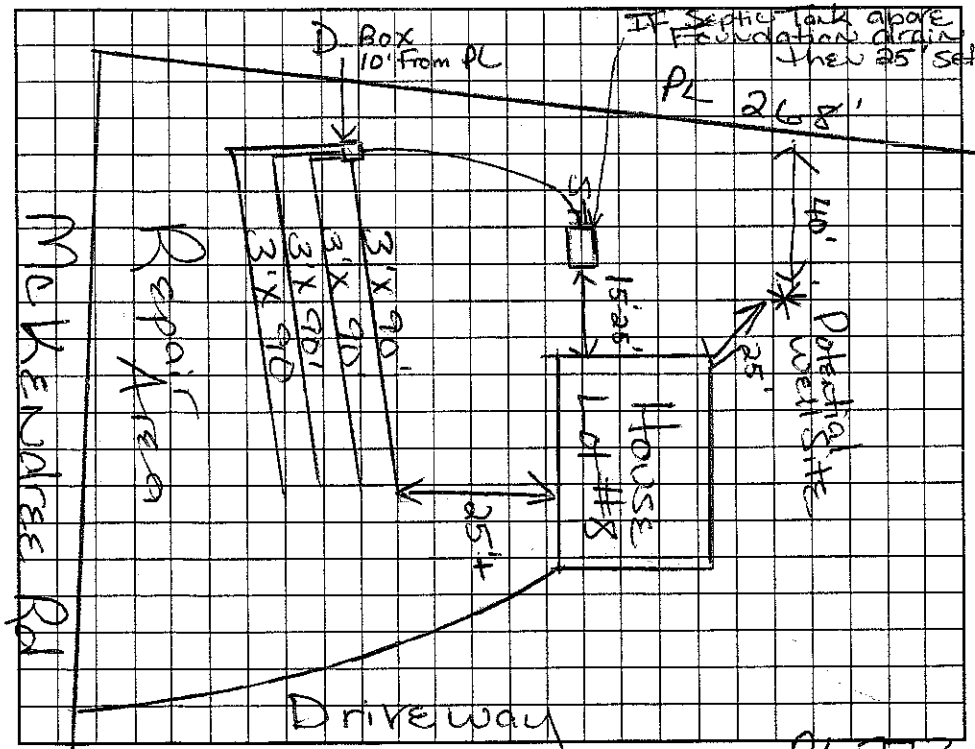
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

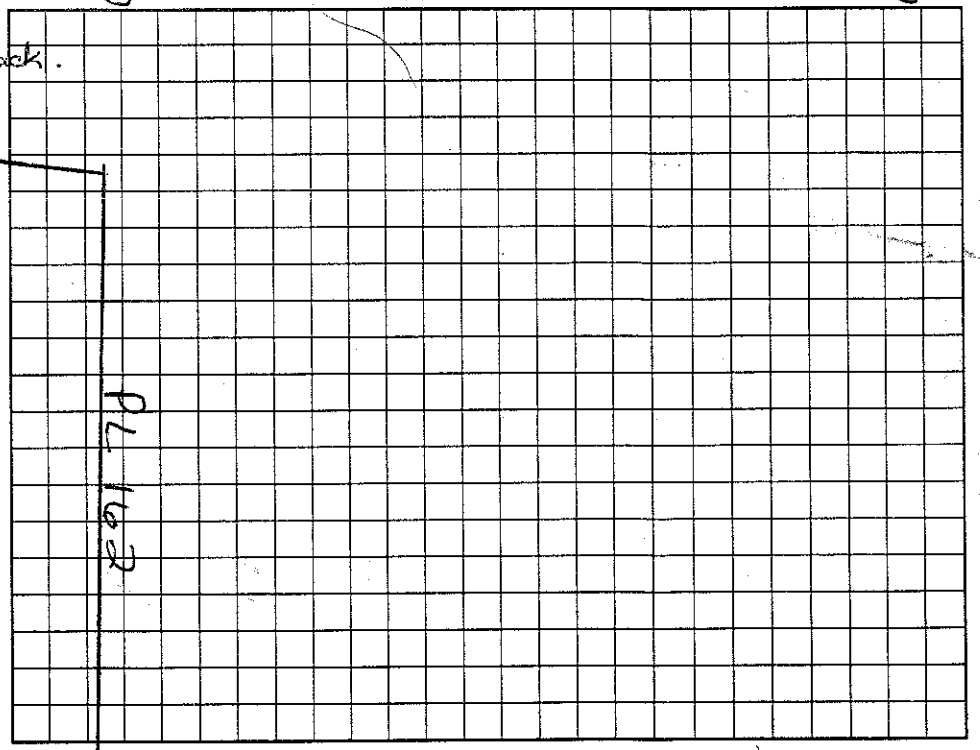
Comments:/Conditions: Keep Septic System at least 10' From PL & 50' From Any Well.
*25% Reduction in Drainfield area.

Comments:/Conditions: Notes: Stub out plumbing high. Keep Septic System at least 15' From basement wall if Side gradient 25' if Upgradient Using "Grinder pump" for basement plumbing.

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: Barney A. Bumgarner date 11-21-00 Installed by: Larry Henke

Improvement Permit by: Maia H. Dotson RS date 11/17/2000 Operation Permit by: [signature] RS date 8/29/01

Authorization to Construct by: Maia H. Dotson date 11/17/2000 Existing System Inspection by: ____ date ____

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