This permit voids perm 1-30-97

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-66-

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

PERMIT# ~~25960~~ 27823 PIN# 4629706747

OWNER OR CONTRACTOR Allan P. Ackerman PHONE: Business _____ Home 892-4203 DATE 3-5-99

ADDRESS _____

LOCATION Perth Rd. TR State Park TL Morrison TR Red Bed 1st on (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT 34 LOT AREA _____ SITE CLASS P/S DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 12-20-98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4 Trench Width 36in Max Trench Bottom Depth 36in ~~Gravel Depth~~

X New System ☐ Repair System Type: I, II, (III), IV, V
System Description: Gravity 25% reduction
Repair System Description: " " Panels
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees _____
☐ Other _____

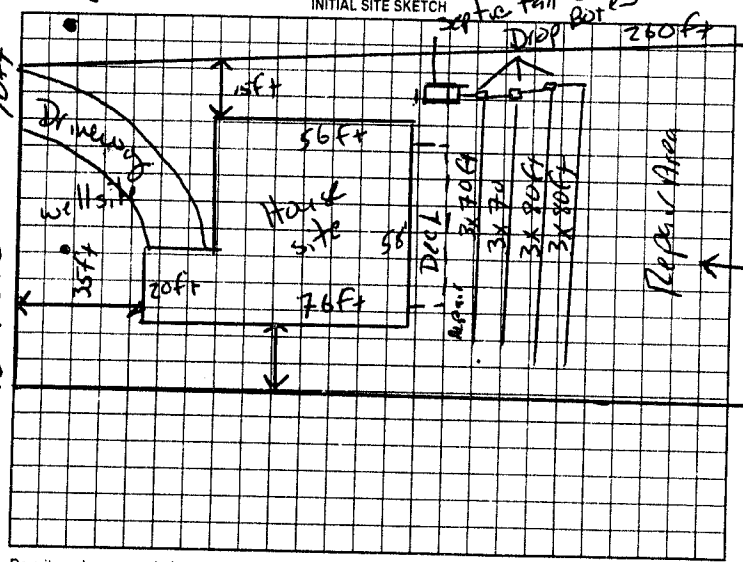
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ~~X~~ Individual ☐ Public ☐ Community

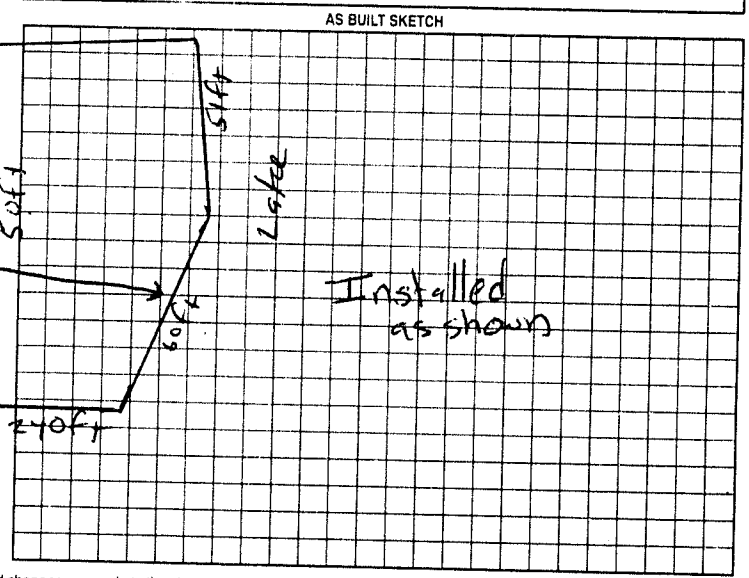
Comments/Conditions: keep lines on contour 9ft on center
well in front
90ft

Comments/Conditions
* Tank Turned 90°

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: Jodie Ackerman date 3/4/99

Improvement Permit by: Mark Cox RS date 3-4-99

Authorization to Construct by: Mark Cox RS date 3-4-99

Installed by: Reade Eudy

Operation Permit by: Mark Cox RS date 3-18-99

Existing System Inspection by: _____ date _____

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