IREDELL COUNTY HEALTH DEPARTMENT

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

155.00 DT 3;4

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

PERMIT# 075840 PIN# 4639240651 DATE 9/17/02

OWNER OR CONTRACTOR CALVIN CARTER PHONE: Business 622-5170 Home

ADDRESS 8605 KISER TERRELL NC 28682

LOCATION PERTH - TL FERN HILL - TR MARIETTA - ON LT

SUBDIVISION BEACON POINTE BLOCK / SECTION II LOT 9 LOT AREA .868AC SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .20-10/RR

Septic Tank: 1000 Gallons; STB 1007 Date 2-14-03
Pump Tank: 1000 Gallons; ~~2741~~ Date 1-6-03
Pump Make: Zoeller Model N152A Serial No. 1532002
Nitrification Field: No Fields 1 Square Feet 1000 Linear Feet 400
No Lines ~~4@100'~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: PUMP CONVENTIONAL
Repair System Description: PUMP INNOVATIVE
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

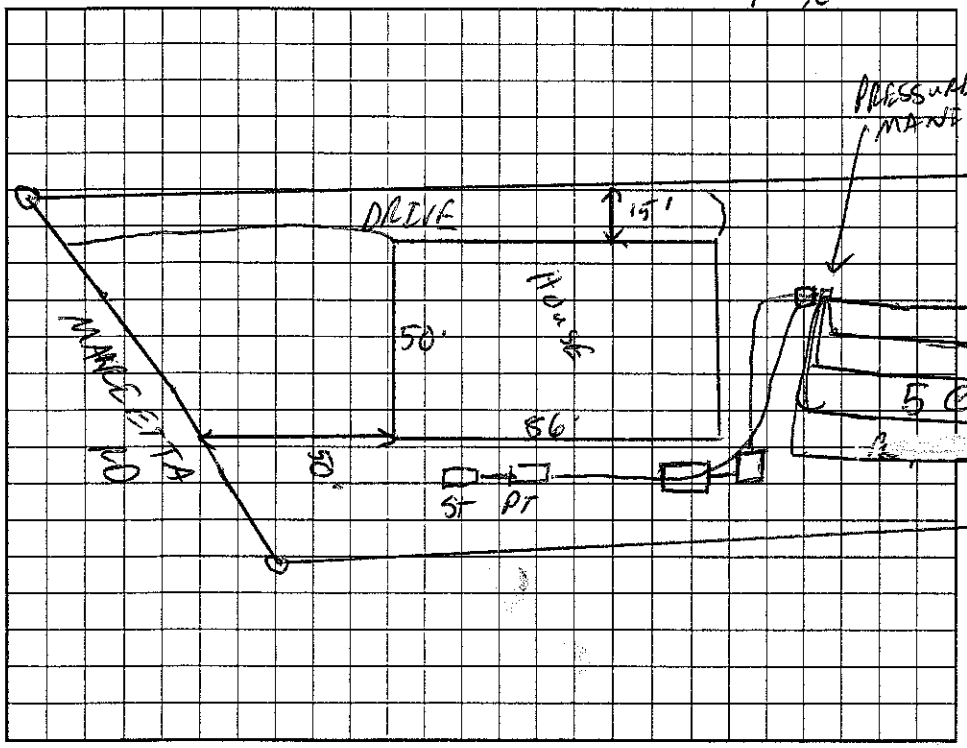
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments/Conditions: 5@80'

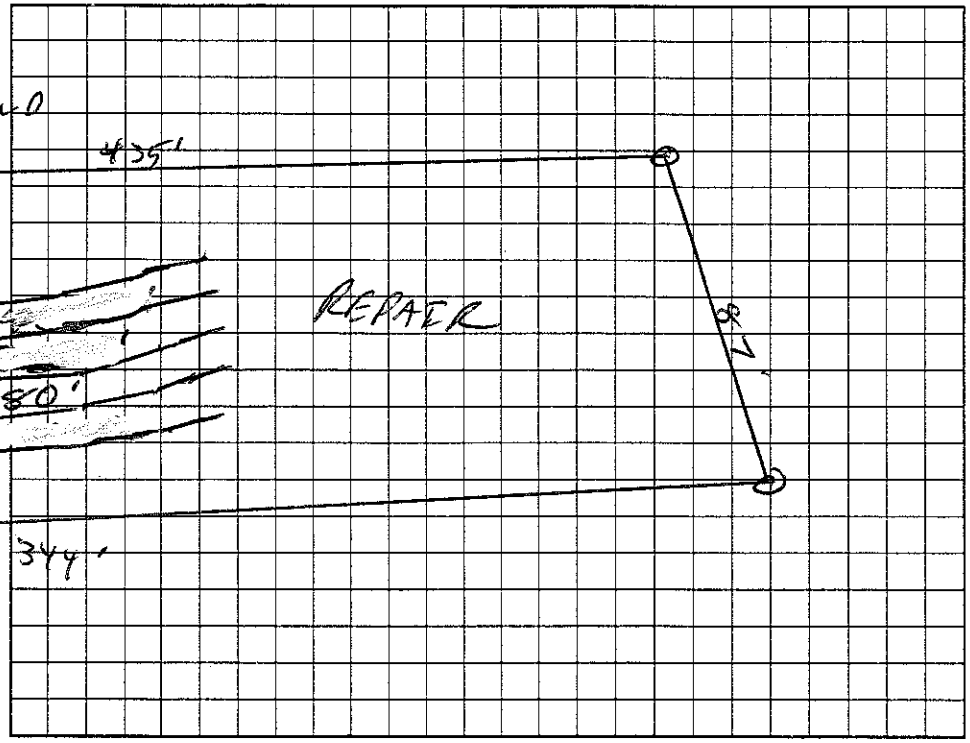
1) MOVE TANKS TOWARD BACK

Comments/Conditions: Checked tanks & lines 4/3/03
Pressure Checked 4/4/03

INITIAL SITE SKETCH 1"=50'



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: _____ date 9/17/02 Installed by: Wayne Gantz RS

Improvement Permit by: C. Gantz RS date 9/17/02 Operation Permit by: _____ date 2/19/03

Authorization to Construct by: C. Gantz RS date 9/17/02 Existing System Inspection by: _____ date

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