IREDELL COUNTY HEALTH DEPARTMENT

550.00 Paid

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

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

PERMIT# 132174 PIN# 4639 34 0864 DATE 2/20/06

OWNER OR APPLICANT Kent Salyer PHONE: Business _____ Home _____

ADDRESS 7031 Holewild Brook Ln Charlotte, NC 28112

LOCATION Perth Rd (L) Fernhill (R) Marietta Rd (L) Lot 195 Marietta Rd

SUBDIVISION Marietta Overlook BLOCK / SECTION _____ LOT 1 LOT AREA .56 acres SITE CLASS. A5 DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB T186 Date 9-29-06
Pump Tank: 1000 Gallons; PT 32 Date 9-13-06
Pump Make: Myers Model ME50S-11 Serial No. _____
Nitrification Field: No Fields 1 Square Feet eq 1000 Linear Feet 200
No Lines 3 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth _____

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP PBPS
Repair System Description: same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

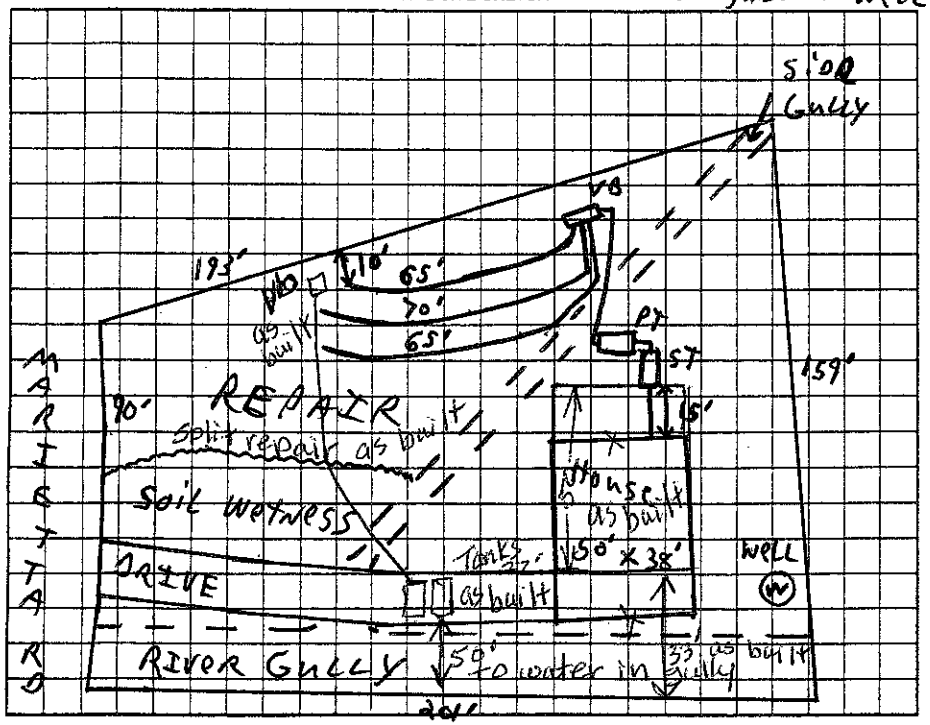
☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

½ HP

Comments:/Conditions: Install on contour. Maintain setbacks. Fill in side Gully. See attached Pump Sheet.

Comments:/Conditions: Blue Polylok filter
Septic tank w/marker

INITIAL SITE SKETCH



neighbor's well

AS BUILT SKETCH

See as built notes Gully filled
Tanks moved
PBs moved

Well location 60' from tanks

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: Kent C. Salyer date 3/7/06 Installed by: Corinthian Builders

Improvement Permit by: [signature] date 2/20/06 Operation Permit by: Judy Melville date 1-25-07

Authorization to Construct by: [signature] date 2/20/06 Existing System Inspection by: _____ date _____

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