4639 54 7789

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122646 PIN# 4639640340.061 John or Bradley DATE 2-6-06

OWNER OR APPLICANT Rick & Barbara Ringman/Kearey Construction PHONE: Business (704) 883-9811 Home 528-1809

ADDRESS P.O. Box 5159 Statesville, NC 28687 119 Whispering Cove Ct

LOCATION Perth Rd North TL Fern Hill Rd TL Northington Woods Dr. TL Whispering Cove Ct on left

SUBDIVISION Northington Woods BLOCK / SECTION ____ LOT 61 LOT AREA 1.491 Acres SITE CLASS. PS DESIGN FLOW 480 gpd D.A.R. .25

Septic Tank: 1000+ Gallons; STB 825 Date 6/10/06
Pump Tank: 1600 Gallons; PT 302 Date 12/16/05
Pump Make: Zoeller Model N163-G Serial No. ____
Nitrification Field: No Fields 1 Square Feet 640/960 Linear Feet 320'
No Lines 5 Trench Width * See Note Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III ⓘ V VI
System Description: LP - Panel Block
Repair System Description: Same
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

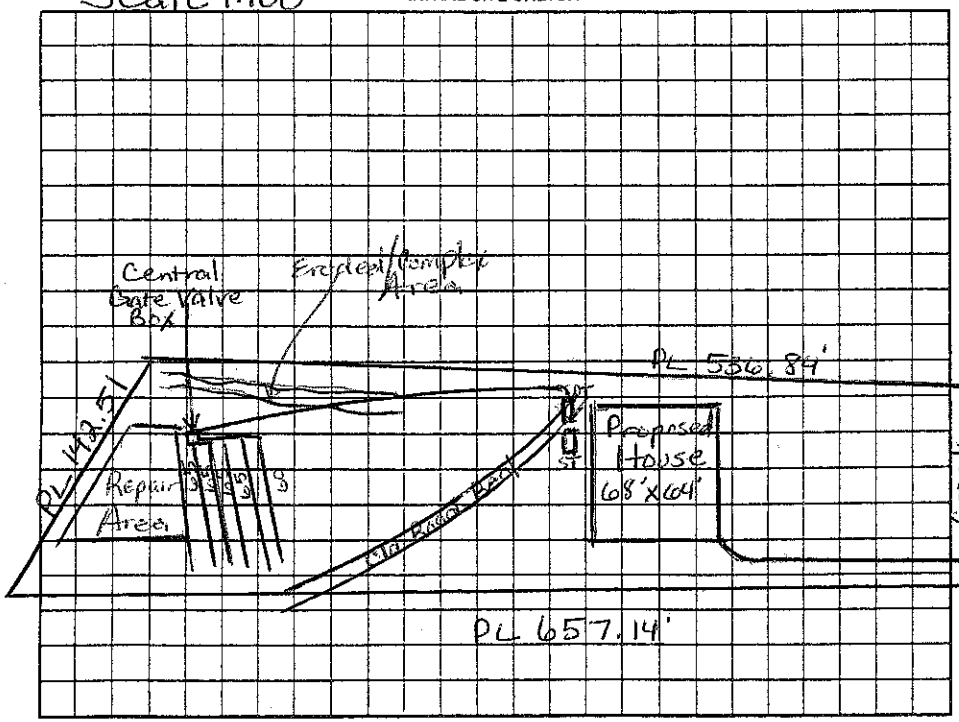
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: * Minimum trench width = 24 inches however refer to Subdivision Septic Systems Manuel

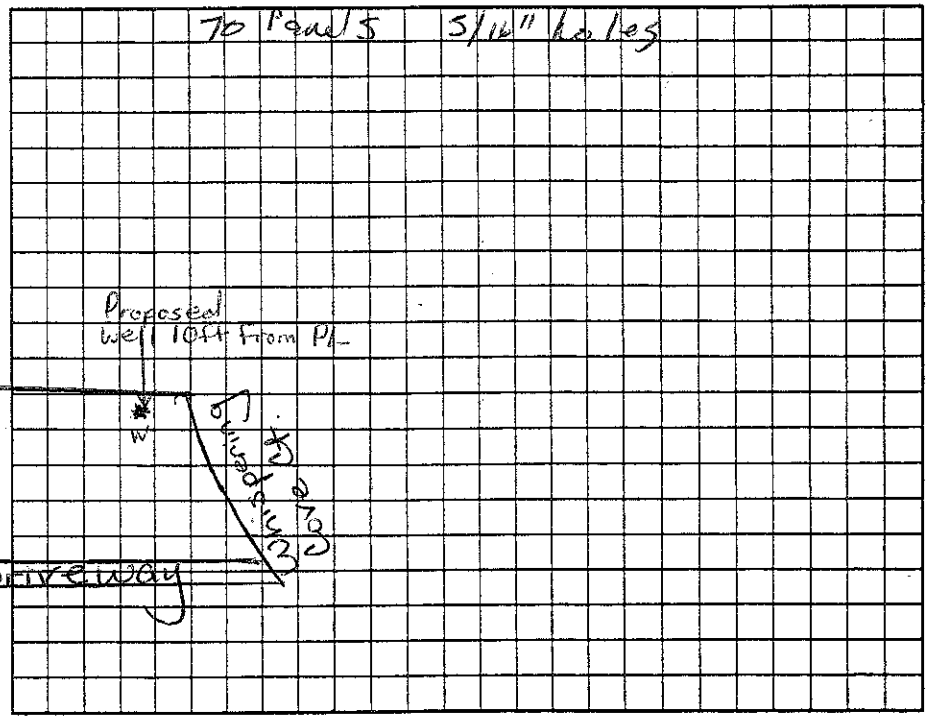
Comments/Conditions: Keep Septic System 10ft off PL, 15ft off cut > 2ft & 100ft from well. Lines & tanks Checked 8/10/06 GM Pressure checked 8/24/06 GM Sym-tee filter Installed

Scale 1:100

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: Maiuta Kearey date 2/10/06 Installed by: Rowen Septic

Improvement Permit by: Maiuta H. Dotson RS date 2/6/06 Operation Permit by: Maiuta H. Dotson RS date 7/7/08

Authorization to Construct by: Maiuta H. Dotson RS date 2/6/06 Existing System Inspection by: ____ date ____

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