IREDELL COUNTY HEALTH DEPARTMENT

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

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

250 ca

PERMIT# 091440 PIN# 4645153839

OWNER OR CONTRACTOR George Currin 365-1247 Chip 201-8777 DATE 9/22/2000

ADDRESS 227 Red Fox Trail Charlotte, NC 28211 PHONE: Business 364-6649 Home 663-0758

LOCATION Alcove Rd TR Templeton TL Camino Real TL Iron Gate Circle 4th house ON RT

SUBDIVISION The Cove BLOCK / SECTION ____ LOT 3 LOT AREA 1 1/2 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: Existing Gallons; STB ____ Date ____

Pump Tank: (1560) Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity 25% Reduction

Repair System Description: Recorded/plotted 1981

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 4 Total

☐ Mobile Home No. Bathrooms 4.5

☐ Business No. Employees ____

☐ Other ____

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

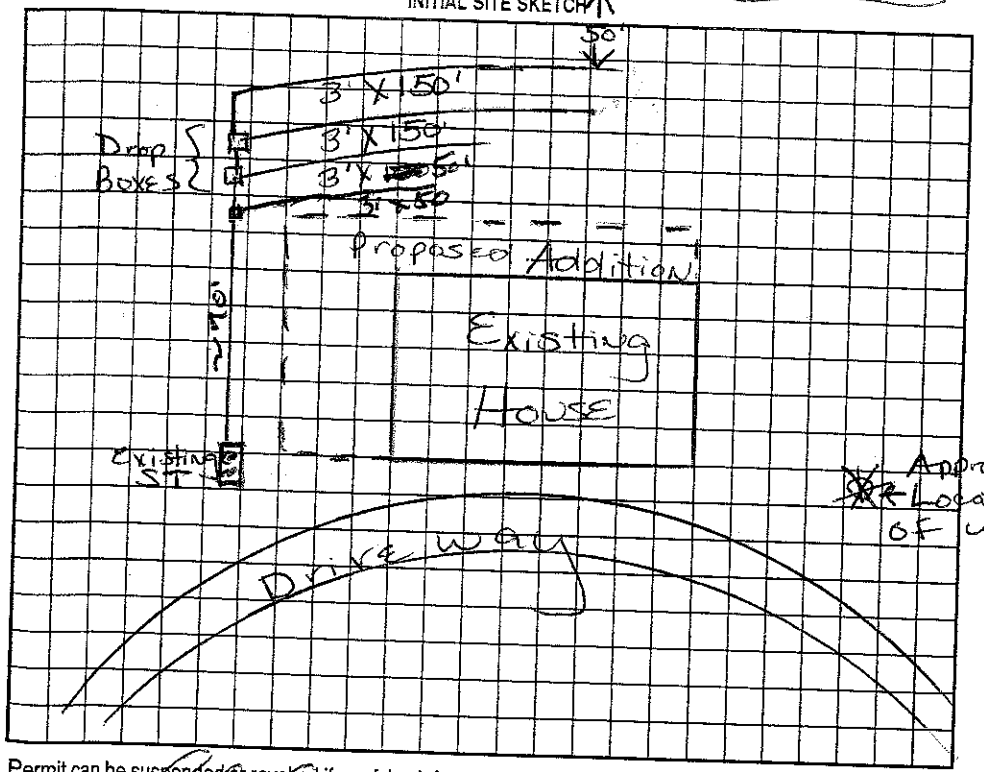
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Use existing Septic Tank w/new drainfield. Keep Drainline at least 10' from PL, 5' from house & 50' from any well

LK Norman

Comments:/Conditions: Upgrade to Existing House (Adding Bedroom & 1 1/2 bath)

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: ____ date 10.5.00 Installed by: Richard Abernathy

Improvement Permit by: Marie H. Dotson date 9/22/2000 Operation Permit by: Wesley Sparks R.S. date 8/24/01

Authorization to Construct by: Marie H. Dotson date 9/22/2000 Existing System Inspection by: ____ date ____

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