IREDELL COUNTY HEALTH DEPARTMENT

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

2.0

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

PERMIT# Repair PIN# Repair 4646-97-9082 DATE 12/21/2000

OWNER OR CONTRACTOR Gerri Ceraolo PHONE: Business Home 663-5662

ADDRESS 148 Huntington

LOCATION Hwy 21 N TR Huntington Ln 4th house on Rt.

SUBDIVISION Huntington Woods BLOCK / SECTION LOT 47 LOT AREA SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R.

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet 300' Linear Feet 150'

No Lines 2 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 - Panel Block

Repair System Description: Gravity - 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

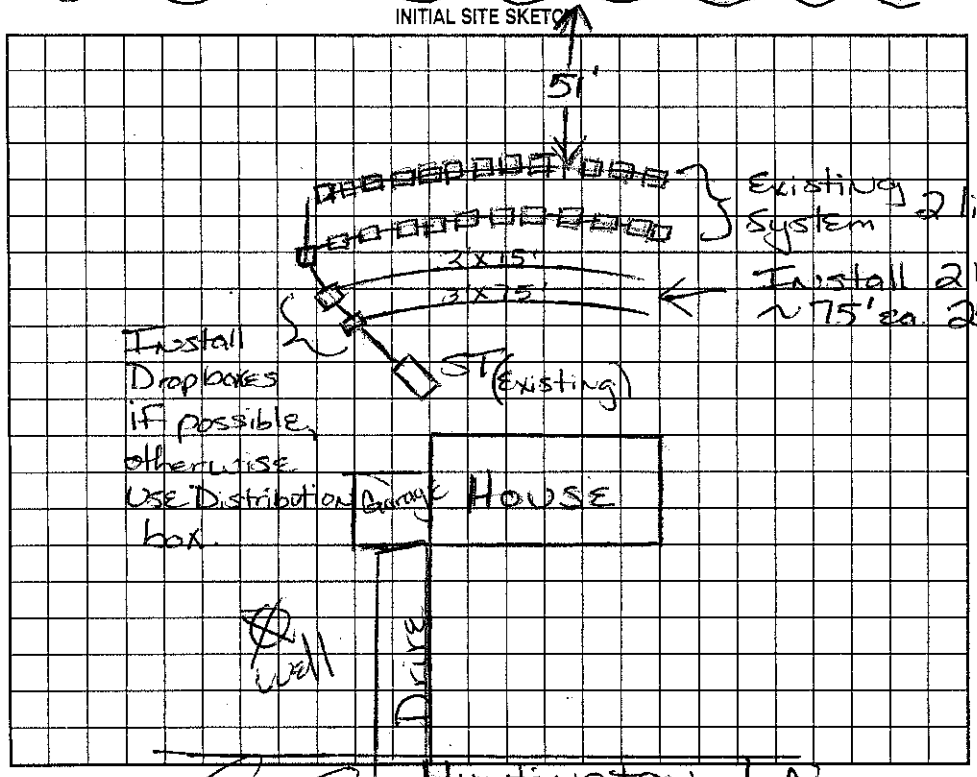
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Install 2 lines ~75' ea above existing system at 25% Reduction

Comments:/Conditions: Add backfill over existing lines so there's at least 6 inches of cover over lines.

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 1/11/01 Installed by: Rowan Septic Tank

Improvement Permit by: Maria Dotson R.S. date 12/21/2000 Operation Permit by: Wesley Sparks R.S. date 4/19/04

Authorization to Construct by: Maria W. Dotson R.S date 12/21/2000 Existing System Inspection by: date

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

07433

III

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James Michael Smith DATE July 27 '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 S. TR Huntington Woods ~½ way on Rt. _____ S. R. No. _____

SUBDIVISION NAME Huntington Woods LOT NO. 17 SECTION OR BLOCK NO. _____

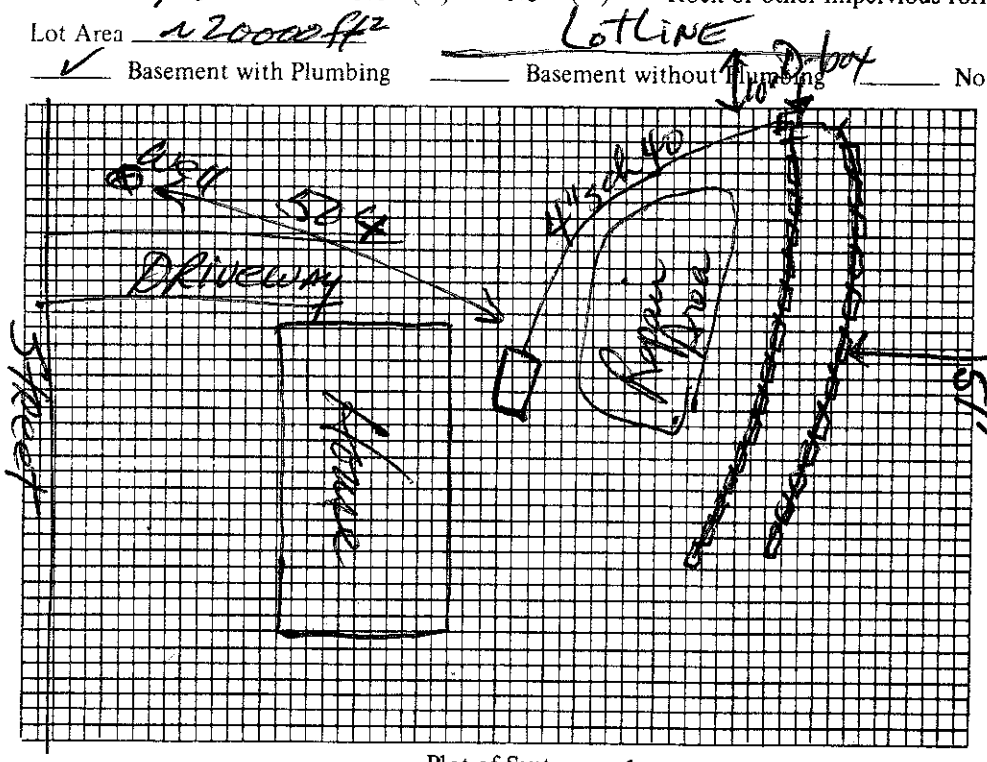
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2, 4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	8-15%	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	4' +	
			Rock or other impervious formations	none obs.	

Lot Area ~20000 ft²

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. 160'
Depth of Stone in Lines 16"

Water Supply: Individual (✓) Gravels gravity-flow
Public ( )

Installed by Advisor

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 7-27-88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold