IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134424 PIN# ~~4649-04-9474~~ 4649-04-8783 DATE 3-1-07

OWNER OR APPLICANT Lewis Carpenter PHONE: Business 704-545-4652 Home 704-634-5183

ADDRESS PO Box 690027 Charlotte NC

LOCATION Perth Rd N past Judas Rd TR Wild Cherry TL Orchard Farm Lane 4th on left

SUBDIVISION The orchard BLOCK / SECTION ____ LOT 4 LOT AREA .51 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 6/24/07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 480
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% reduction gravity
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons 8
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

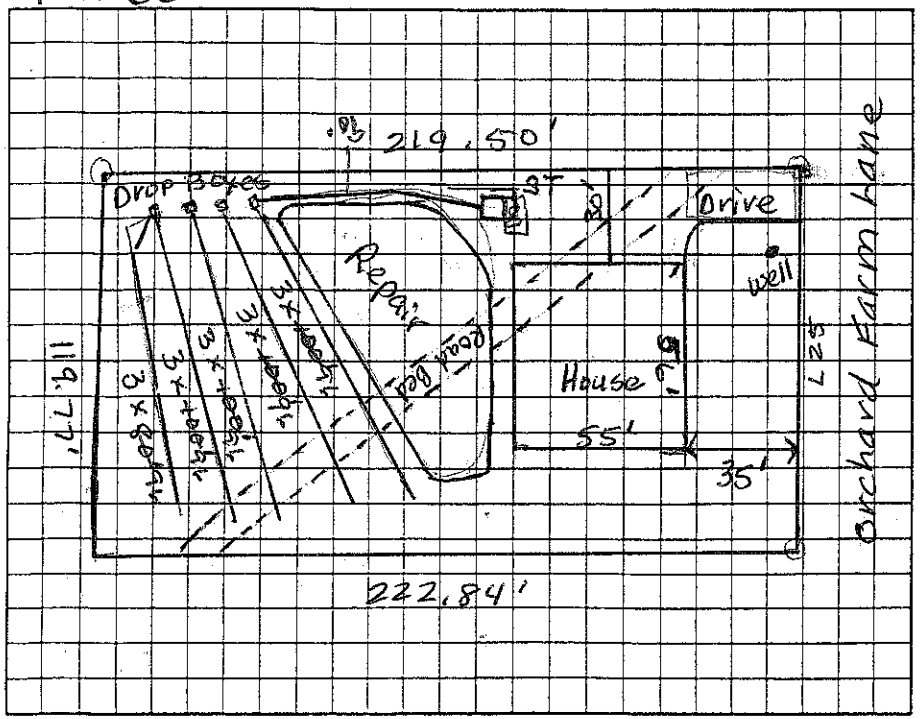
Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Install at 36" trench bottom depth
Place supply line 5' from property line
around repair field

Comments/Conditions: ~~shafts~~ not installed

1" = 60'

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: Lewis Carpenter date 3-6-07 Installed by: Larry Beam

Improvement Permit by: Judy McNeille date 3-1-07 Operation Permit by: Wesley Sparkman RS. date 8/24/07

Authorization to Construct by: Judy McNeille date 3-1-07 Existing System Inspection by: ____ date ____

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