IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $130 MOORESVILLE 704-664-5281

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

PERMIT# 123269 PIN# ~~4649-17-8589.002~~ 4649-77-4403 DATE March 11, 05

OWNER OR CONTRACTOR Kenton Selyer PHONE: Business ______ Home ______

ADDRESS 7031 Idlewild Brook Ln. Charlotte, N.C. 28212

LOCATION Perth Rd. N. TR Fern Hill TL Carlyle Rd ~ 300-350' on left

SUBDIVISION The Ranches BLOCK / SECTION ______ LOT 2 LOT AREA ± 5.0 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. ~.3

Septic Tank: 1000 Gallons; STB 786 Date 3/21/05
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 400/600 Linear Feet 200
No Lines 4 Trench Width 24" min 8' o.c. Max Trench Bottom Depth 36" Gravel Depth ______

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: * Gravity PPBPS
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No initially

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______
No. Bedrooms 3 No. Bathrooms ____ No. Employees ____
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

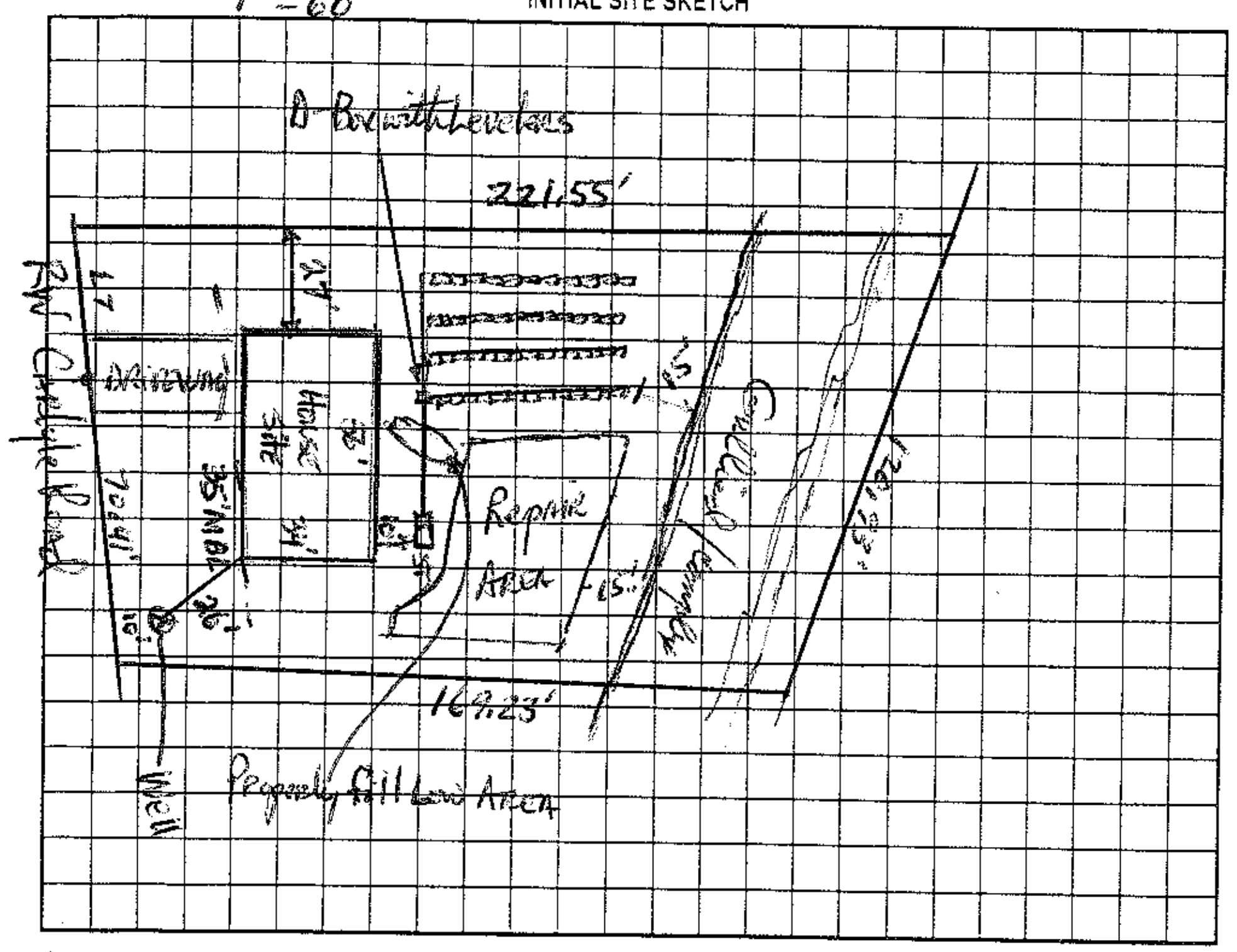
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: *= 36" min 9' o.c.
Builder to construct elevated slab and exit plumbing where shown in order to accomode the specified septic system

Comments:/Conditions:

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: Kenton C. Selyer date 3/11/05
Improvement Permit by: [signature] date 3-11-05
Authorization to Construct by: [signature] date 3-11-05

Installed by: Corinthian Bldrs
Operation Permit by: [signature] RS date 6/22/05
Existing System Inspection by: ______ date ______

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