IREDELL COUNTY HEALTH DEPARTMENT

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

$125

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

PERMIT# 104151 PIN# ~~4664-55-2036~~ 4664 55 2053 DATE 1/23/02

OWNER OR CONTRACTOR Ron Julian PHONE: Business _____ Home 704-875-8874

ADDRESS 106-2 Pine Ridge Drive Huntersville, NC. 28078

LOCATION Shearers Rd. on L just before Shearers Rd. intersection

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA ~4.0Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 10/7/01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900* Linear Feet 300*

No Lines 4@75' Trench Width 3' Max Trench Bottom Depth 42" Gravel Depth No

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

System Description: GRAV-EZFLO ORCH. PLASTIC

Repair System Description: SAME

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

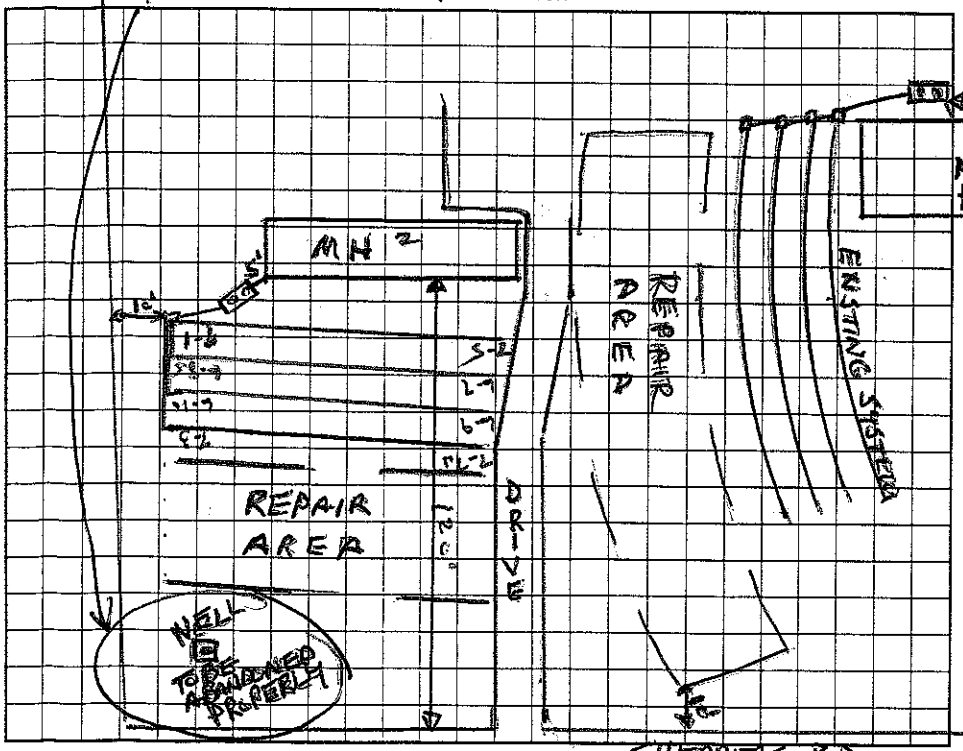
Water Supply: ☒ Individual ☐ Public ☐ Community (NEW)

Comments/Conditions: IP Only until well is properly abandoned.

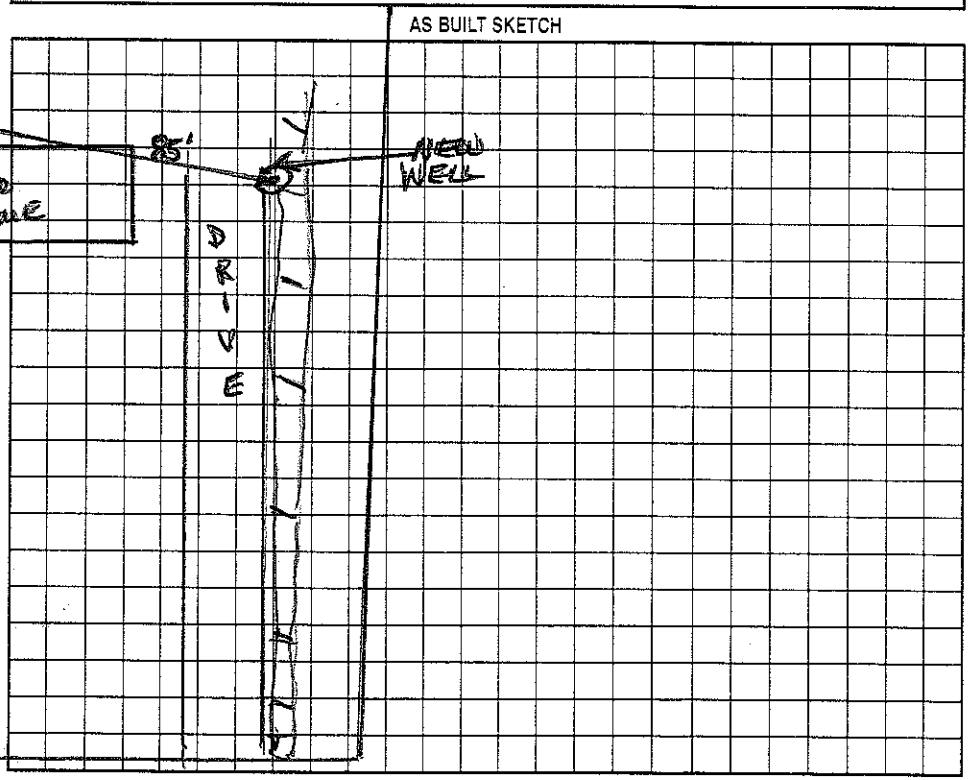
Type 3 System.

Comments:/Conditions:

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: X [signature] date 1-28-02 Installed by: Little Hawkins

Improvement Permit by: Wesley Sparks RS. date 1/22/02 Operation Permit by: Wesley Sparks RS date 4/2/02

Authorization to Construct by: Wesley Sparks RS date 3/19/02 Existing System Inspection by: _____ date _____

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