IREDELL COUNTY HEALTH DEPARTMENT

ESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 107160 PIN# 4685-14-6757 DATE 6/26/02

OWNER OR CONTRACTOR John B. Carrigan PHONE: Business _____ Home 704-858-5818

ADDRESS PO Box 847 Locust NC 28097

LOCATION Linwood, TR Patterson Farm, on Lt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.96AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; S# 16 D# 9/17/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity Conventional/Serial
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

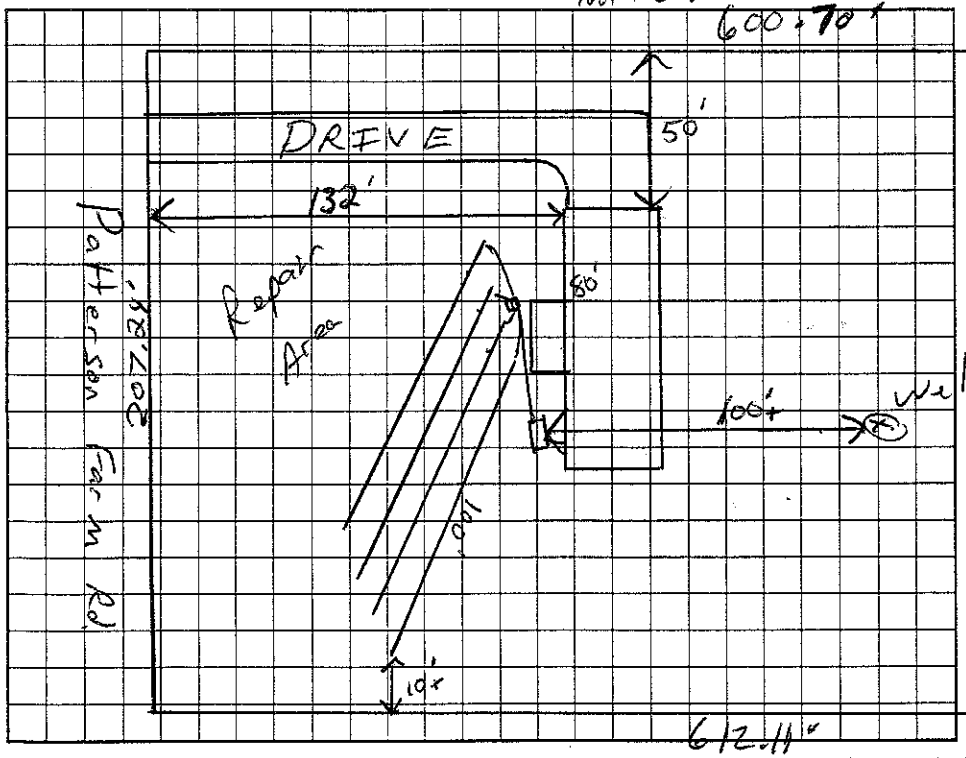
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:
Install Drain Lines on Contour

Comments:/Conditions:
*Curlee Pre-Cast - Has Technican that hammer test Tanks at 7day Intervals (See Attached)

INITIAL SITE SKETCH Not to Scale



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: John B. Carrigan date 6-27-02 Installed by: Honeycutt Land Services

Improvement Permit by: _____ RS date 6/26/02 Operation Permit by: _____ RS date 10/9/02

Authorization to Construct by: _____ RS date 6/26/02 Existing System Inspection by: _____ date _____

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