IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089523 PIN# 4713632146 (Lot) DATE March 6, 01

OWNER OR CONTRACTOR Earl Garrick PHONE: Business 324-9700 Home

ADDRESS 9815 J Sam Furr Rd. Huntersville, N.C. 28078

LOCATION From Trantman Old Statesville Road TL Angel Oaks Dr. TR Falling Leaf Ln at end on left

SUBDIVISION Angel Oaks BLOCK / SECTION LOT 41 LOT AREA .49Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 320

No Lines 3 Trench Width 36" Trench Bottom Depth 36" Gravel Depth NA

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

System Description: Gravity Innovative 25% Red.

Repair System Description: LPP Innovative 25% Red.

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

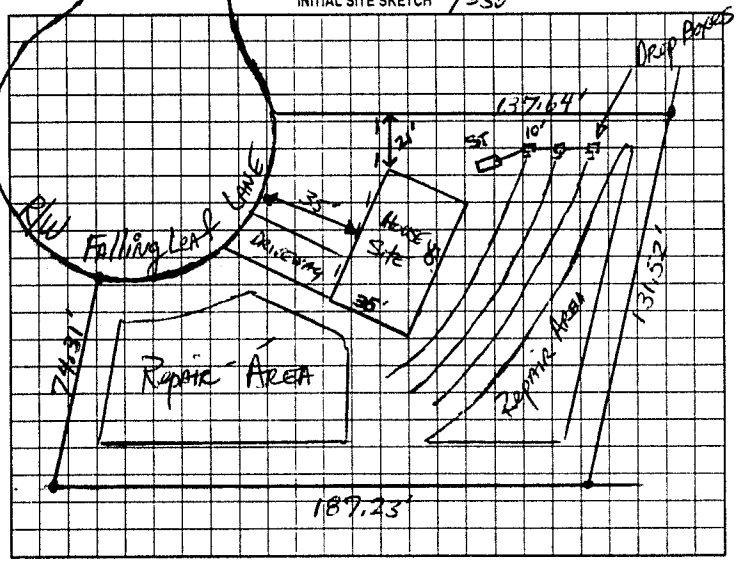
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

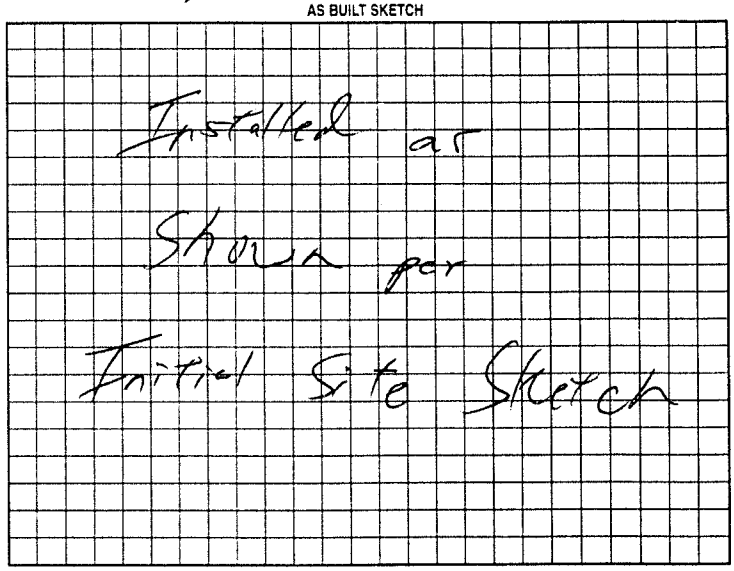
Comments/Conditions: Install Laterals at 36" trench bottom depth.

Comments/Conditions:
- Poly Lok Filter Installed
- Septic Tank Risers Installed
- Installed ADES Sections

INITIAL SITE SKETCH 1"=50'



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

Improvement Permit by: date 3-6-01

Authorization to Construct by: date 3/21/01

Installed by: Sammy Shumaker

Operation Permit by: William O. Johnson RSI date 5/14/01

Existing System Inspection by: date

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