IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089331 PIN# 4713632148 (pt) DATE July 26, 01

OWNER OR CONTRACTOR Earl Garrick PHONE: Business _____ Home _____

ADDRESS 9815 S Sam Furr Rd. Huntersville NC 28078

LOCATION From Troutman Old Mtn Rd TL Angel Oaks Dr. TR Falling Leaf TL Turning Leaf TR Payton Ct 4th on left

SUBDIVISION Angel Oaks BLOCK / SECTION _____ LOT 36/36A LOT AREA 1.14Ac +.43Ac (SFE) SITE CLASS PS SFE DESIGN FLOW 360 gpd L.T.A.R. .3 (SFE)

Septic Tank: 1000 Gallons: STB 1012 Date 7-10-01

Pump Tank: 1000 Gallons: PT 17 Date 6-18-01

Pump Make: Hydromatic Model SHEPSDA1 Serial No 57867-008-7

Nitrification Field: No Fields 1 Square Feet 400/600 Linear Feet 200

No Lines 6 Trench Width 24" min 36" Max Trench Bottom Depth 36"

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

System Description: pm PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☐ No initially

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

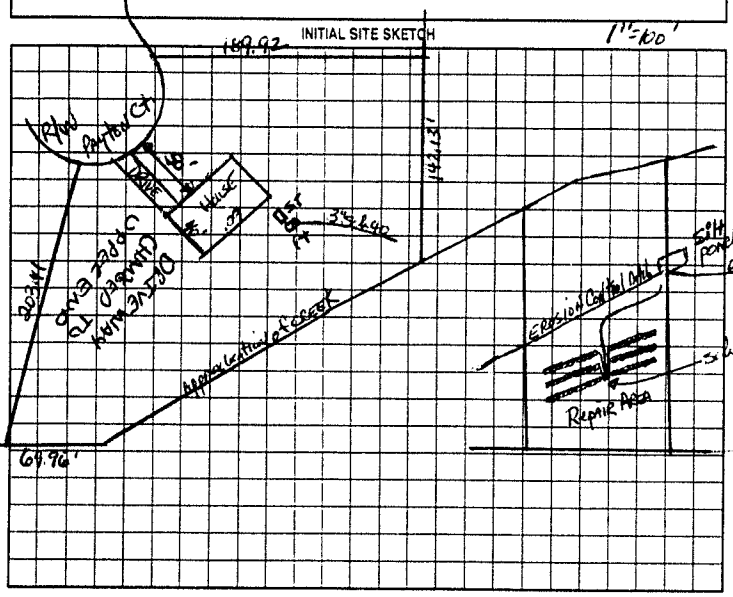
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: OK 36" max 60C

INITIAL SITE SKETCH



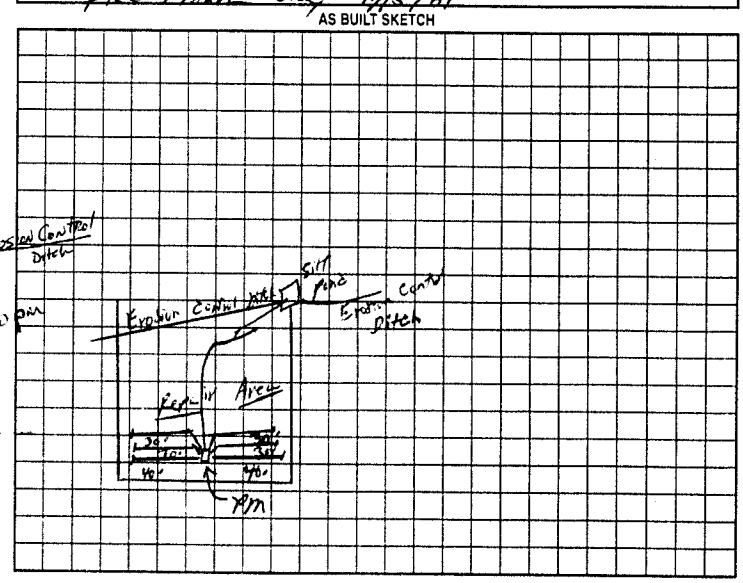
Comments:/Conditions: FINAL GRADING NEEDS TO BE COMPLETED

B-4 BP IS ISSUED 1.46 Panels installed

Liner + Tanks Okay 10/31/01 ; Pressure Check Okay

Elec. + Alarm Okay 11/3/01

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 7-27-01 Installed by: A-1 Backhoe

Improvement Permit by: _____, RS date 7-26-01 Operation Permit by: _____ date 11/13/01

Authorization to Construct by: _____ date 8-13-01 Existing System Inspection by: _____ date _____

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