IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~08~~ 130202 PIN# 4736321467 (pt) 4736621477 704- DATE May 16, 01

OWNER OR CONTRACTOR Earl Cranick PHONE: Business _____ Home 948-6466

ADDRESS 9815 J Sam Furr Rd. Huntersville NC 28078

LOCATION From Trantman Old Mtn Rd TL Angel Oaks Dr. TR Green Leaf Ct. at End

SUBDIVISION Angel Oaks BLOCK / SECTION _____ LOT 16/16A LOT AREA .8 Ac+ .34 Ac SITE CLASS PSSFE16A DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 1-20-06

Pump Tank: 1000 Gallons; PT 27 Date 1-9-06

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300 *

No Lines 4 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: pm- conventional *

Repair System Description: pm- Innovative or conventional

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

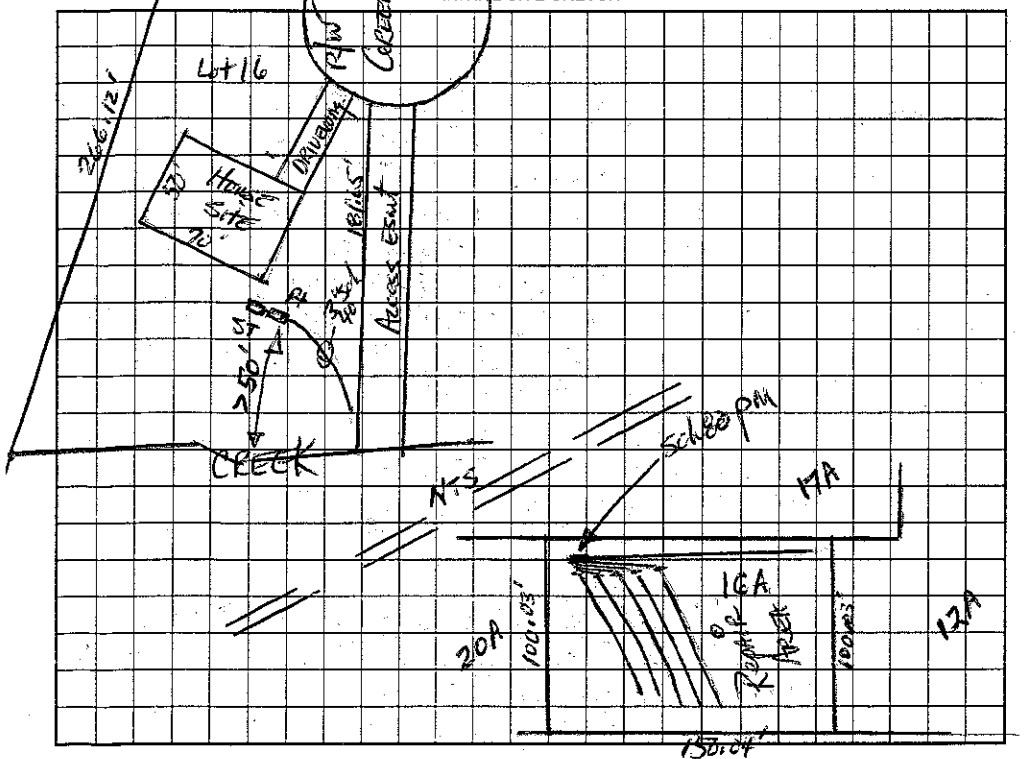
Comments:/Conditions:

* Space available for conventional details however better option might be 300'± of Innovative due to weight of traffic crossing other easements to get to 16A

Comments:/Conditions: Approved 3 BEDROOM ON 7-20-05

SEPTIC TANK WITH "RED POLY LOK" FILTER INSTALLED

INITIAL SITE SKETCH



AS BUILT SKETCH

AN "ACCEPTED" SYSTEM WAS INSTALLED USING 19 "QUICK-4" CHAMBERS PER LINE X 4 LINES

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 5-16-01

Authorization to Construct by: _____ date 06/06/03

Installed by: Marty Tucker

Operation Permit by: _____ date 8-7-04

Existing System Inspection by: _____ date _____

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