IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089294 PIN# 4713632148(pt) DATE Jan 25, 01

OWNER OR CONTRACTOR EARL GARRICK PHONE: Business 324-9700 Home

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

LOCATION From Trantman Rd. on Mtn Rd. TL Angel Oaks Drive on left NEAR/AT END

SUBDIVISION Angel Oaks BLOCK / SECTION LOT 11 LOT AREA .60 AC SITE CLASS 4S DESIGN FLOW 360 gpd L.T.A.R. .025-.3

Septic Tank: 1000 Gallons; STB 1012 Date 7-16-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields Square Feet 1050 Linear Feet 350
No Lines 5 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: SAME
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

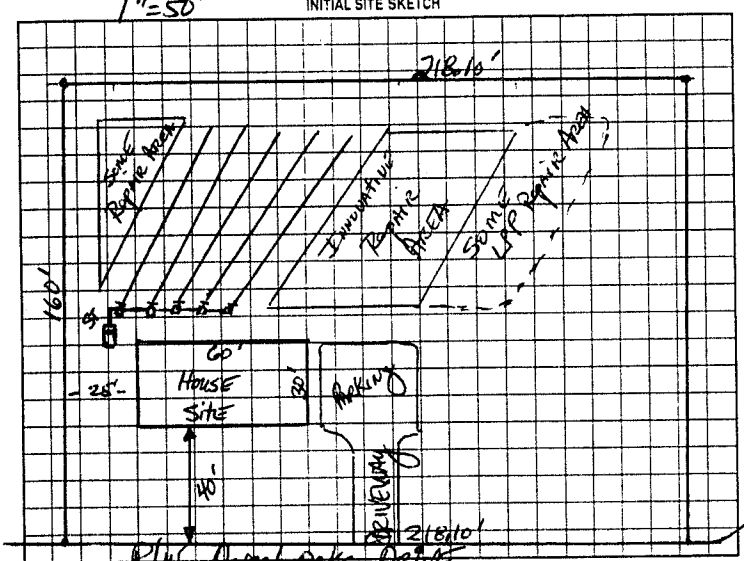
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: Install Laterals as close to 36" trench bottom depth as possible.

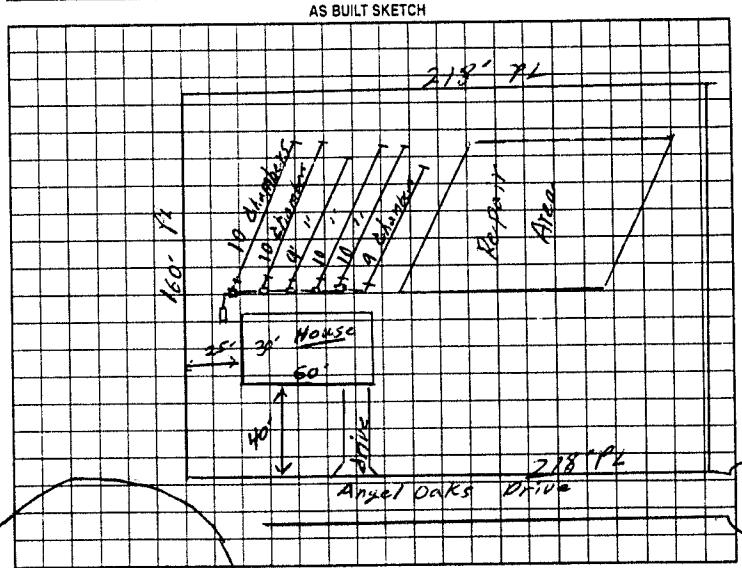
Comments/Conditions: - Septic Tank Risers - Poly Lok Filter Installed

1"=50'

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: [illegible] date

Improvement Permit by: [signature] RS date 1-25-01

Authorization to Construct by: William O. Johnson date 11/2/01

Installed by: A-1 Backhoe

Operation Permit by: William O. Johnson date 12/4/01

Existing System Inspection by: date

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