CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089292 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 Trantham/Old Mtn Rd. TL Angel Oaks Drive on left

SUBDIVISION Angel Oaks BLOCK / SECTION LOT 9 LOT AREA .55ac SITE CLASS IS DESIGN FLOW 360 gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons: STB 1007 Date 3.2.02

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350

No Lines 6 Trench Width 36" Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity 350 Reduction-Innovative

Repair System Description: LP Panel Block

Maintenance Agreement Required: ☐ Yes ☑ No Initially

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

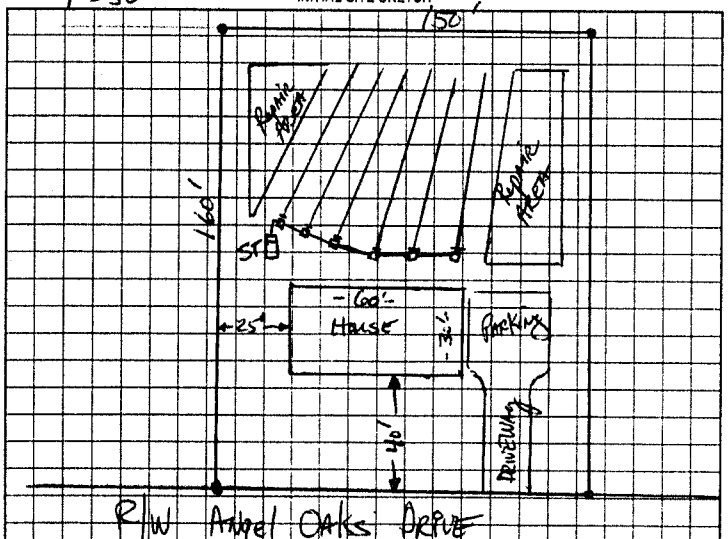
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments/Conditions: LINES 36" DEEP AS REQUIRED INSTALLED AS SHOWN WITH POLYLOK FILTER & MARLEY

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: date

Improvement Permit by: date Jan 25, 01

Authorization to Construct by: date 2/4/02

Installed by: STATESVILLE STAFF

Operation Permit by: date 05-03-02

Existing System Inspection by: date

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