Pd. $125.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 08952D PIN# 4711632148 (pt) DATE Dec 19, 00

OWNER OR CONTRACTOR Earl Carrick PHONE: Business 374-9700 Home

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

LOCATION 114 Turning Leaf Ln. From Trackman - Old Statesville Rd. TL Angel Oaks Dr. TR Falling Leaf TL Turning Leaf TR Payton - on Right

SUBDIVISION Angel Oaks BLOCK / SECTION LOT 38 LOT AREA ±.78Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3.35 @ 36"

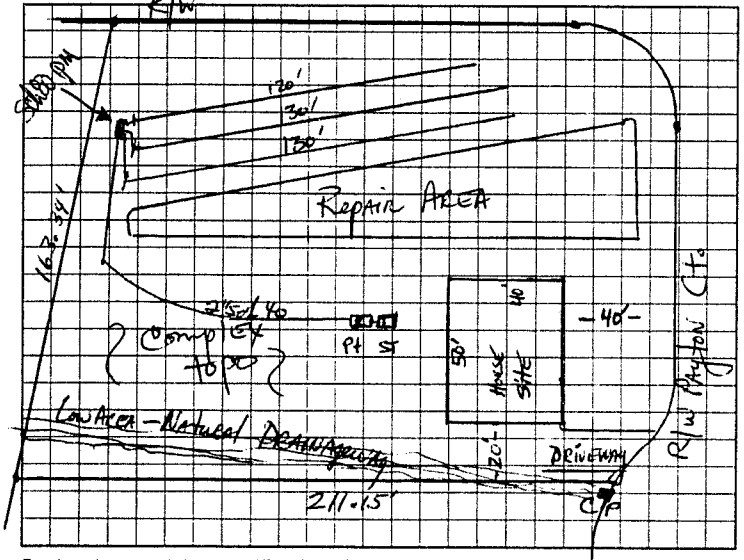
Septic Tank: 1000	Gallons: STB 1007	Date 2-29-02	~~New System~~ ☐ Repair	System Type: I, II, III, IV, V, VI	~~House/Mod. Home~~	No. Bedrooms 3	Water Supply: ☐ Individual
Pump Tank: 1000	Gallons: PT 274	Date 2-2-02	System Description:	#1 - CONVENTIONAL	☐ Mobile Home	No. Bathrooms 2	~~Public~~ ☐ Community
Pump Make: Zoeller	Model WARS5-1	Serial No. —	Repair System Description:	#2 - INNOVATIVE - 25% Red.	☐ Business	No. Employees	
Nitrification Field: No Fields 1	Square Feet 1140	Linear Feet 380	Maintenance Agreement Required:	☐ Yes ☐ No	☐ Other		
No Lines 3	Trench Width 36"	■ Trench Bottom Depth 36"	Gravel Depth 12"	☐ Slab ~~Crawl Space~~ ☐ Basement w/plumbing ☐ Basement wo/plumbing			

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

Comments/Conditions: S.T. Marker Installed
- poly bk filter Installed Lines Okay } 4/4/02 wsg
- Pressure Check Okay - 4/12/02 wsg
- Electrical + Alarm Okay - 5/15/02 wsg

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown per Initial Site 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 _____ Installed by: Statesville Backhoe Service

Improvement Permit by: _____ date 12-19-00 Operation Permit by: William O. Johnson date 5/15/02

Authorization to Construct by: William O. Johnson date 1/3/02 Existing System Inspection by: _____ date _____

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