IREDELL COUNTY HEALTH DEPARTMENT

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

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

125.00 Pd

PERMIT# 089270 PIN# 4713632148 (pt) DATE July 25, 01

OWNER OR CONTRACTOR Earl Garrick PHONE: Business _____ Home _____

ADDRESS 9615 J Sam Furr Rd. Huntersville NC 28078

LOCATION From Traitmar Old Ltn Rd TL Angel Oaks Dr. 2nd lot on left

SUBDIVISION Angel Oaks BLOCK / SECTION _____ LOT 2 LOT AREA .61 ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 1012 Date 7-18-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines 4 @ 80' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Gravity Innovative-25% Red
Repair System Description: LPPPBPS or LP Innovative
Maintenance Agreement Required: ☐ Yes ☑ No w/ tank

Gravel Depth NA ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

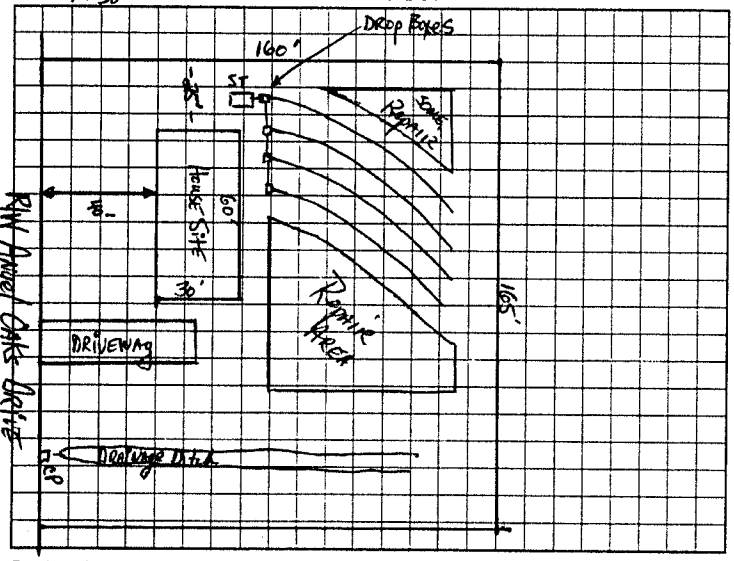
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

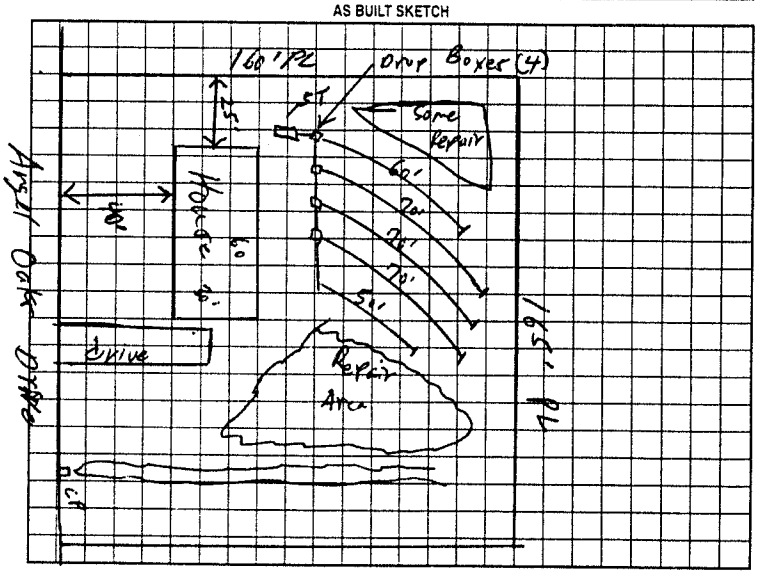
Comments:/Conditions:

Comments:/Conditions: Installed 32-1050 Septone HDES
-Poly Lok Filter Installed
-Septic Tank Marker 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: _____ date 7-27-01 Installed by: A-1 Backhoe

Improvement Permit by: _____ date 7-25-01 Operation Permit by: William C. Johnson date 10/1/01

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