IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089274 PIN# 4713632148 (pt.)

OWNER OR CONTRACTOR Earl Garrick PHONE: Business 374-9700 Home 704-400-5066 DATE October 25, 00

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

LOCATION From Trantman - Old Mtn. Rd. TL Angel Oaks Drive 4th lot on left

SUBDIVISION Angel Oaks BLOCK / SECTION ____ LOT 4 LOT AREA .59 Ac SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3±

Septic Tank: 1000 Gallons; STB 1012 Date 07/07/02
Pump Tank: 1000 Gallons; PT 17 Date 09/09/02
Pump Make: MYERS Model ME 50S Serial No. 253270
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3 @ 100' Trench Width 36" Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PM INNOVATIVE -25% Red.
Repair System Description: PM/LP Panel Block
Maintenance Agreement Required: ☐ Yes ☑ No Initially
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

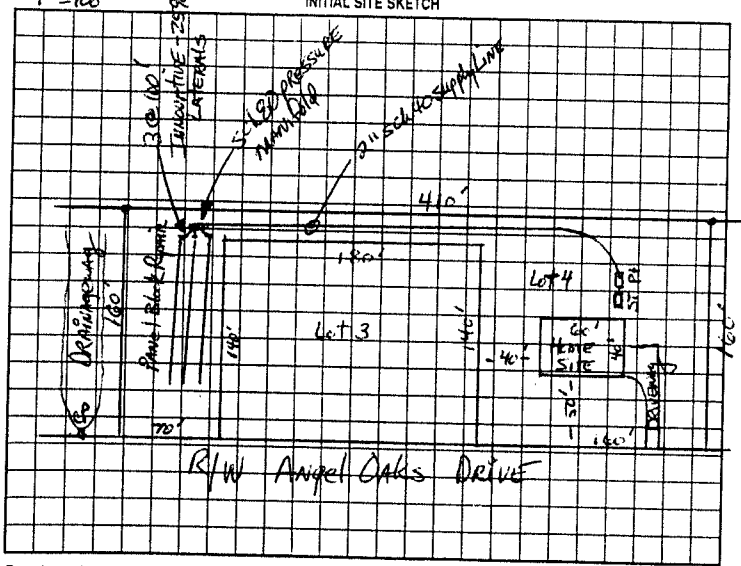
~~☐~~ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments/Conditions: - SEPTIC TANK INSTALLED USING TUFF-TIGHT FILTER & SEPTIC MARKER. * SYSTEM WAS INSTALLED UNDER WET SOIL CONDITIONS.

INITIAL SITE SKETCH



AS BUILT SKETCH

* SYSTEM INSTALLED AS SHOWN IN INITIAL SITE SKETCH, PER DAVID HINSON

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: [signature] IPS date 10-25-00

Authorization to Construct by: [signature] date 7/31/02

Installed by: A-1 BACKHOE

Operation Permit by: [signature] date 8/02/02

Existing System Inspection by: ____ date ____

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