IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 / 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 089525 PIN# 4713632148 (pt) DATE Aug 13, 01

OWNER OR CONTRACTOR Earl Garrick PHONE: Business _____ Home _____

ADDRESS 9815 J Sam Furr Rd. Huntersville N C 28078

LOCATION From Trotman Old Mtn. Road TL Angel Oaks Dr TR Falling Leaf on Right

SUBDIVISION Angel Oaks BLOCK / SECTION _____ LOT 44 LOT AREA ± 73 ac SITE CLASS. PS per 1997 DESIGN FLOW 360 gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1007 Date 2-27-02
Pump Tank: 1000 Gallons; PT 278 Date 1-18-02
Pump Make: Myers Model WARS5-1 Serial No. —
Nitrification Field: No Fields 1 Square Feet 480/720 Linear Feet 240
No Lines 6 @ 40' Trench Width 24" min 86c Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: pm - PPBPS
Repair System Description: pm/LP PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No initially

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

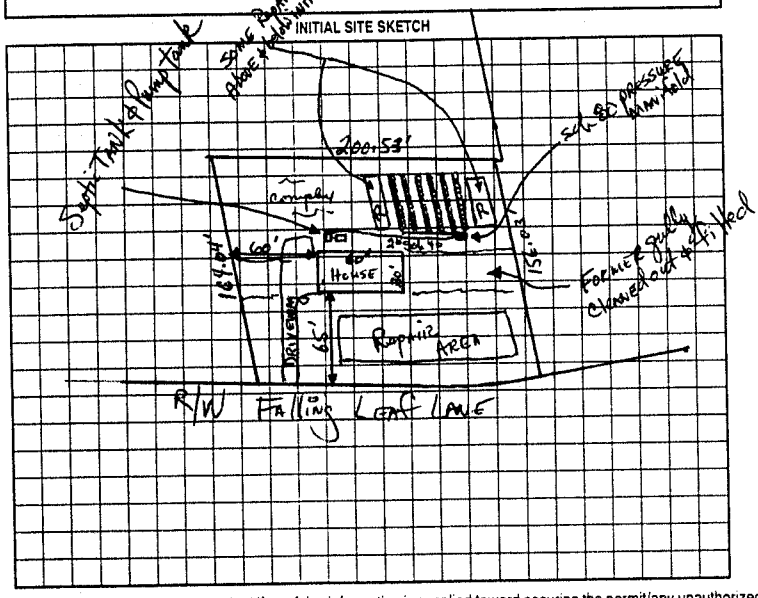
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ORS 4" min 96c

Comments/Conditions: - Poly-lok Filter Installed; St Risers Installed; Lines okay, Pressure check - okay - 4/17/02 - Alarm + Electrical okay - 5/15/02

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown for Final 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 8-17-01 Installed by: Statesville Backhoe Service

Improvement Permit by: _____ date 8-13-01 Operation Permit by: William A. Johnson date 5/15/02

Authorization to Construct by: William A. Johnson date 11/3/01 Existing System Inspection by: _____ date _____

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