IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 077105 PIN# 4639 73 4550 (pt) DATE June 25, '99

OWNER OR CONTRACTOR Earl T. Garrick PHONE: Business _____ Home _____

ADDRESS 1070 Shoreline Dr. Stanley NC.

LOCATION Old Mountain Rd. from Trantman

SUBDIVISION Angel Oaks BLOCK / SECTION _____ LOT 1 LOT AREA .59Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 10-9-00
Pump Tank: 1000 Gallons: PT 17 Date 6-13-00
Pump Make: HYDROMATIC Model SHSF 40 M1 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 2 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: pm- HDS 20/2 HORIZONTAL
Repair System Description: LPInnovative // Pump/Block
Maintenance Agreement Required: Yes ☑ No

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

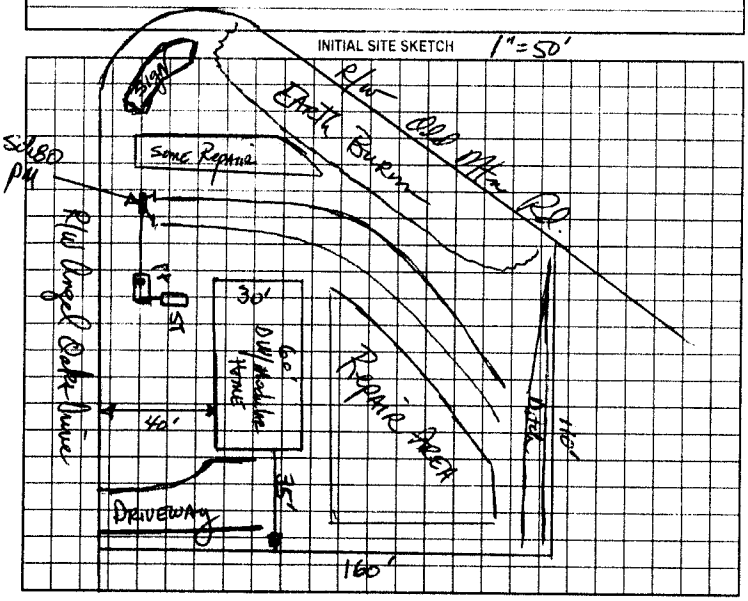
Water Supply: ☐ Individual ☒ Public ☐ Community

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

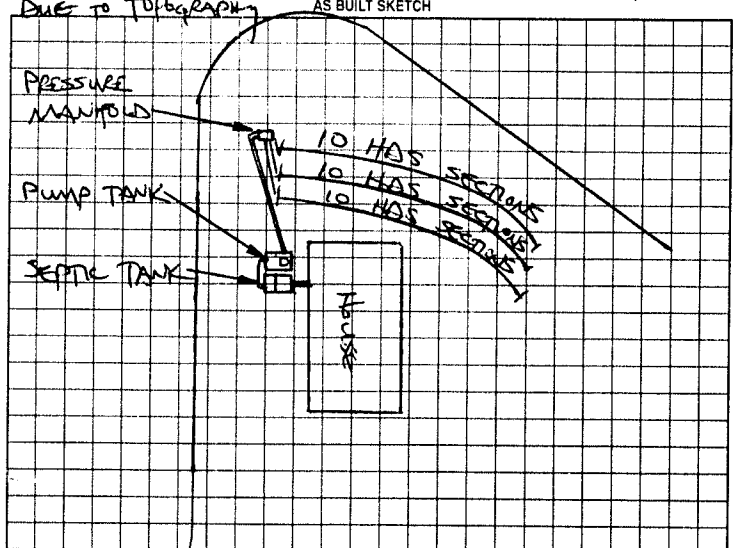
Comments/Conditions:

Comments/Conditions: TANK & LINES INSPECTED AND PRESSURE TESTED 11-15-00 ① SEPTIC TANK WITH RISERS INSTALLED USING "POLYLOK" FILTER ③ SYSTEM ALTERED AS SHOWN BELOW WITH PRIOR HEALTH DEPT. APPROVAL DUE TO TOPOGRAPHY

INITIAL SITE SKETCH 1"=50'



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 without 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 10/9/2000 Installed by: STATESVILLE BACKHOE

Improvement Permit by: _____ date 6-25-99 Operation Permit by: STEVE HERRICK date 2-1-01

Authorization to Construct by: _____ date 6-25-99 Existing System Inspection by: _____ date _____

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