IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101827 PIN# 4726-60-7896 DATE 8/16/01

OWNER OR CONTRACTOR David Perry PHONE: Business (704) 838-6907 Home

ADDRESS 532 York Swan Rd Huntersville, NC 28020

LOCATION Hwy 115 N, @ Scotts Creek Rd, @ Miller Farm Road, @ on Foggywood at end

SUBDIVISION Fawnwood BLOCK / SECTION I LOT 16 LOT AREA .70 Ac SITE CLASS 3 DESIGN FLOW 360 L.T.A.R. .27

Septic Tank: 1,000 Gallons: STB 1012 Date 8-1201
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 2 Square Feet 1334 Linear Feet 445
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity Conventional
Repair System Description: Gravity, Soil Lined
Maintenance Agreement Required: ☐ Yes ☒ No

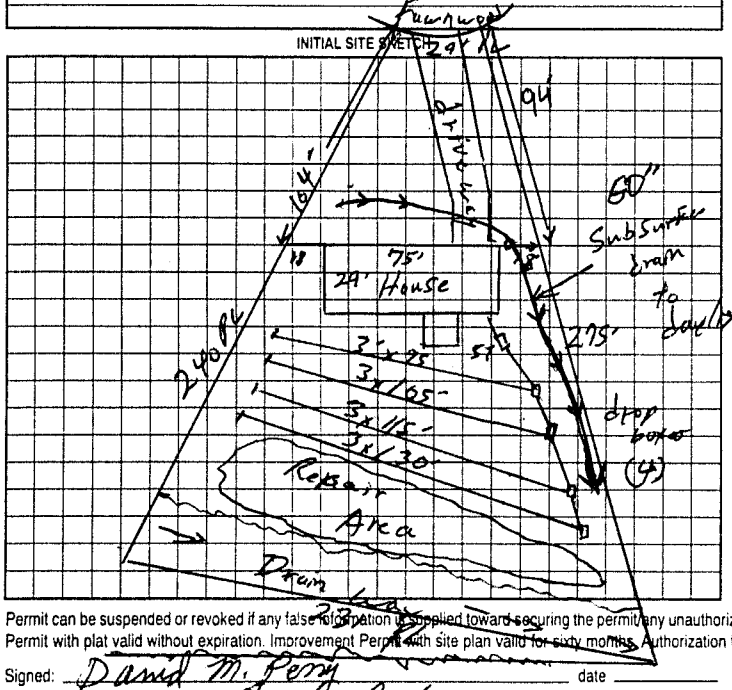
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① Install Subsurface drainage 60" deep to daylight ② Install lines on Contour

Comments/Conditions:
- Poly Tek Filter Installed
- Septic Tank marker Installed

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: David M. Perry date

Installed by: Tommy Frye

Improvement Permit by: Lillian O. Johnson date 8/15/01

Operation Permit by: Lillian O. Johnson date 10/23/01

Authorization to Construct by: Lillian O. Johnson date 8/15/01

Existing System Inspection by: date

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