IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103122 PIN# 4726-71-5072 DATE 11/19/01

OWNER OR CONTRACTOR David Perry PHONE: Business (704) 539-5169 Home (cell) (704) 838-6907

ADDRESS 332 York-Swan Rd. Hemptonville, N.C. 27020

LOCATION Hwy 115 N. @ Scotts Creek Rd., @ Miller Farm Rd on Right before Overcroft Entrance.

SUBDIVISION Fernwood BLOCK / SECTION ____ LOT 10 LOT AREA .56 Ac. SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 4000 Gallons: STB 1012 Date 9-25-01
Pump Tank: 4000 Gallons: PT 17 Date 2-22-02
Pump Make: Gould's Model WE 6S11H Serial No. H0191115
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360
No Lines 6 @ 60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Pump 25% Reduction
Repair System Description: Pump 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

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

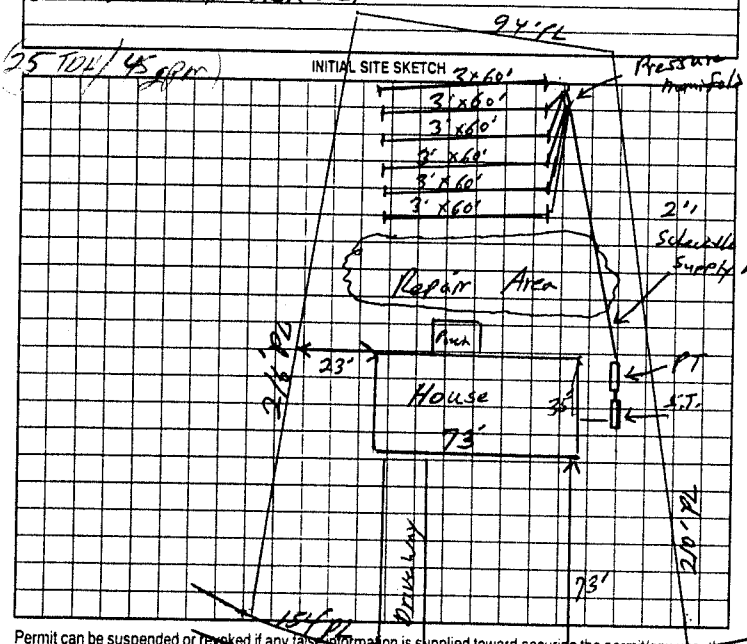
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① Install 25% Reduction System on Contour ② Do Not Install when wet

Comments/Conditions: - Polylok Filter installed, Septic Tank marker installed, - Pressure Checked. - E-Z lay 360 Ft installed. 1/29/02 Electrical + Alarm Inspection - Okay 4/29/02

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 11-19-01 Installed by: Tommy Frye

Improvement Permit by: William O. Johnson date 11/19/01 Operation Permit by: William O. Johnson date 4/29/02

Authorization to Construct by: William O. Johnson date 11/19/01 Existing System Inspection by: ____ date ____

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