IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4736-55-2503 DATE 2-3-05

OWNER OR CONTRACTOR JOHN M. KARRIKER PHONE: Business 704-761-5009 Home 704-876-1820

ADDRESS 2413 S. CHIPLEY FORD ROAD STATESVILLE NC 28625-2346

LOCATION NC 115 NORTH, TR S. CHIPLEY FORD ROAD, HOUSE ON LEFT PAST AUSTIN ROAD AT BOX # 2413

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.6 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT

Septic Tank: 1000 Gallons; STB 1012 Date 8-7-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☑ Repair System Type: I, (II), III, IV, V, VI
System Description: _____
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

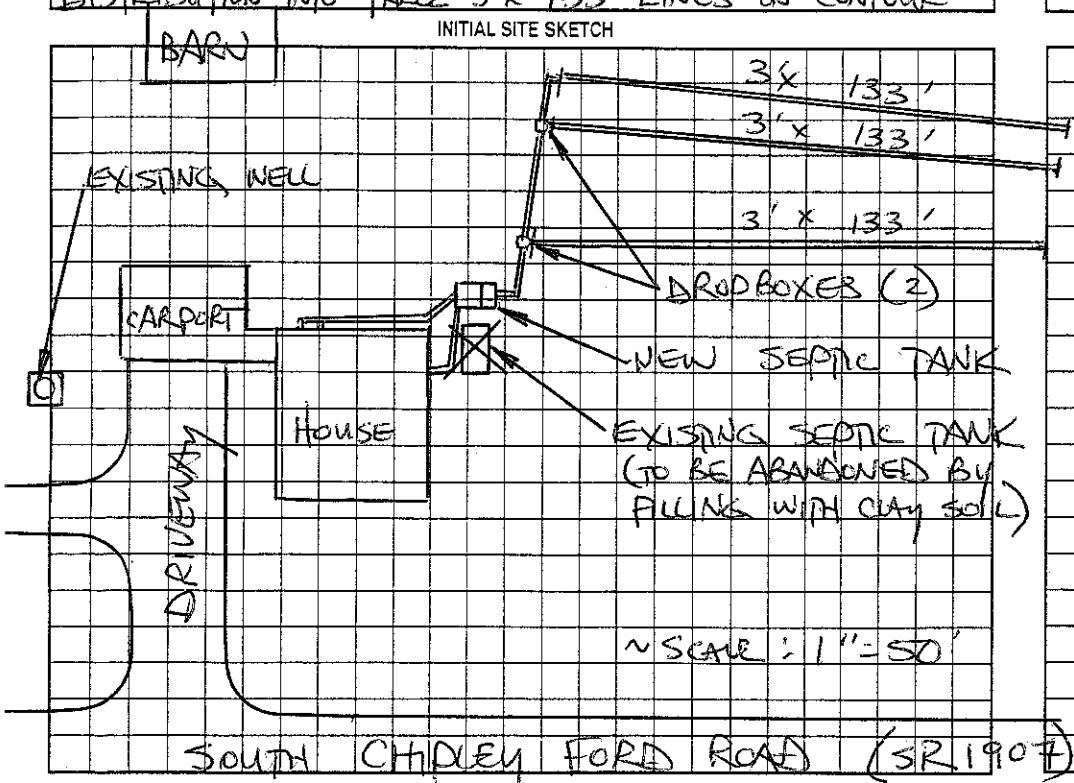
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☑ Public ☐ Community

Comments:/Conditions: ① PLUMB ALL WATER USING FIXTURES INTO NEW SEPTIC TANK AS SHOWN ② INSTALL NEW SEPTIC TANK AT LOCATION SHOWN ③ USE TWO DROP BOXES TO ACHIEVE SERIAL DISTRIBUTION INTO THREE 3'x 133' LINES ON CONTOUR.

Comments:/Conditions: ④ THIS PERMIT SERVES AS "NOTICE OF VIOLATION," SYSTEM TO BE REPAIRED BY 3-7-05

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO 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: John M. Karriker date 2/3/05 Installed by: JARED LENTZ

Improvement Permit by: STEVE HEDRICK date 2-3-05 Operation Permit by: STEVE HEDRICK date 3-4-05

Authorization to Construct by: STEVE HEDRICK date 2-3-05 Existing System Inspection by: _____ date _____

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