94008

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 05-2-0110 PIN# 4N-1-A-1C DATE 1/9/01

OWNER OR CONTRACTOR Eric Orders PHONE: Business _____ Home (828) 430-8308

ADDRESS 110 Pine St. Morganton, NC 28655

LOCATION 215, R Pine State, on Lt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .59 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 786 Date 10/11/00
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36"

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

X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

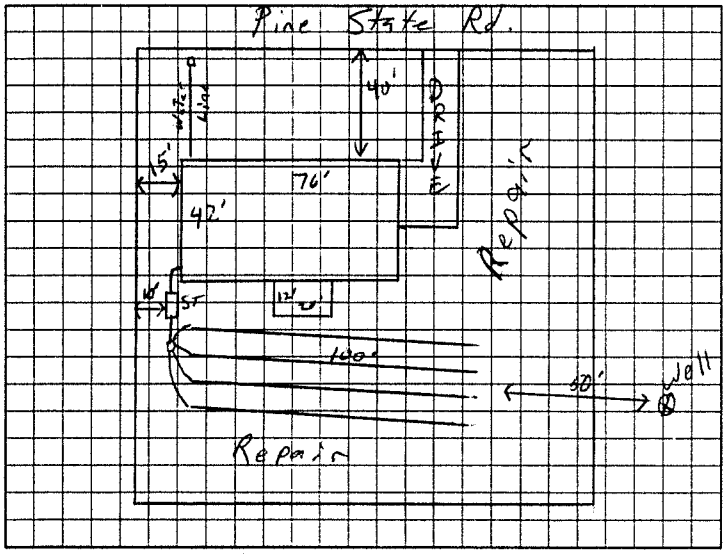
Gravel Depth — ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

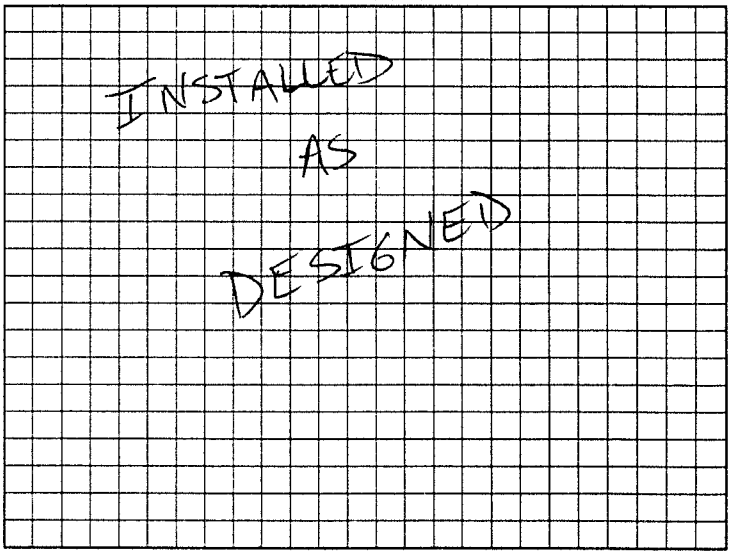
Comments/Conditions:

Comments/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS ③ PUMP SEPTIC TANK EVERY 3-5 YRS.

INITIAL SITE SKETCH



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 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 _____

Improvement Permit by: _____ RSI date 1/9/01

Authorization to Construct by: _____ RSI date 1/9/01

Installed by: KANUPP GRADING & PAVING

Operation Permit by: _____ date 2/27/01

Existing System Inspection by: _____ date _____

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