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# 4741-63-4044 (HOMEOWNER) CATHY MADISON 704-528-4170 DATE 09/19/06

OWNER OR APPLICANT DUNCAN WIERMAN PHONE: Business 704-248-8782 Home 704-605-5791

ADDRESS P.O. BOX 1228 PINEVILLE, NC 28134

LOCATION I-77 SOUTH, (L) AMITY HILL RD, (R) OOTWALT AMITY RD, (R) PERRY RD, (L) LEVO DR, LOT ON RIGHT @ BOX # 154,

SUBDIVISION PERRY HEIGHTS BLOCK / SECTION ____ LOT 17 LOT AREA 0.7± ACRES SITE CLASS. REPAIR DESIGN FLOW 360 GPD L.T.A.R. 0.25 GPD/FT (REPAIR)

EXIST. Septic Tank: 1,000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 735 FT² (NEW) Linear Feet 245 (NEW)

No Lines 4 (NEW) Trench Width 36" Trench Bottom Depth 36" (NEW)

☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: ____

Repair System Description: 25% REDUCTION, GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

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

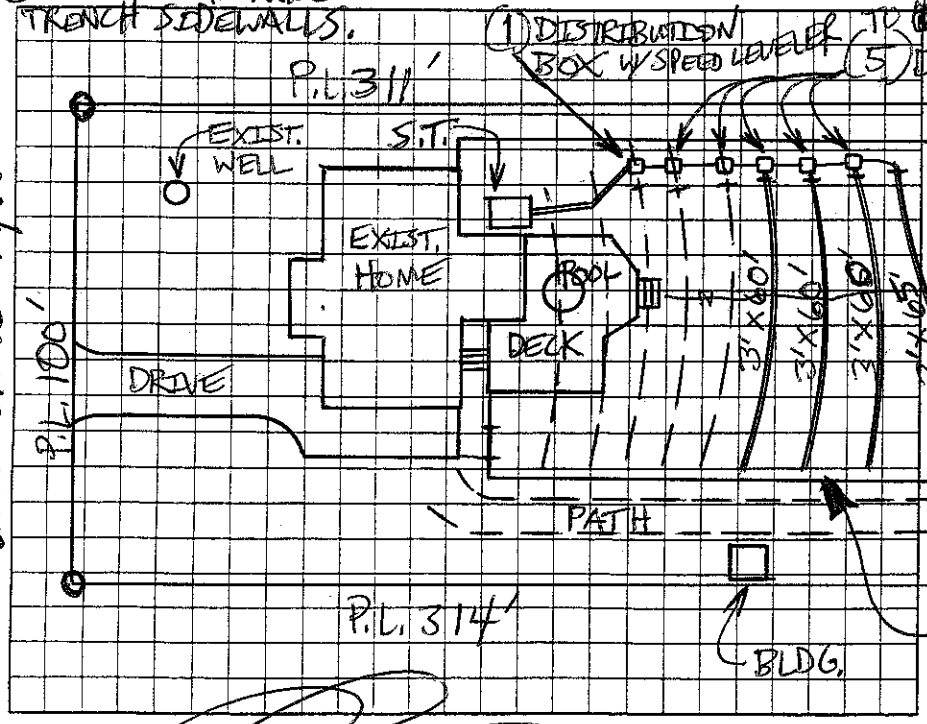
Water Supply: ☒ Individual (EXIST. WELL) ☐ Public ☐ Community

Comments:/Conditions: (1) INSTALL TRENCH BOTTOMS AT 36" DEEP, (2) ABANDON FIRST TWO LINES (DISCONNECT) (3) USE A DISTRIBUTION BOX W/ SPEED LEVERS ON FIRST EXISTING LINE AS SHOWN, (4) INSTALL "T" AND FILTER IN SEPTIC TANK, (5) MAY NEED TO RAISE TRENCH SIDEWALLS.

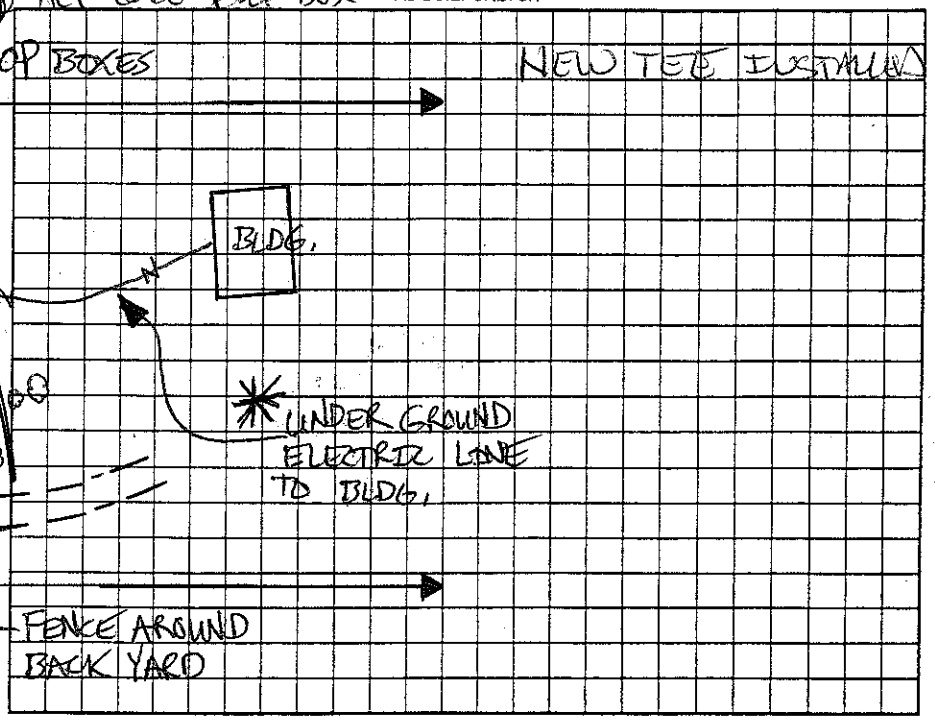
Comments:/Conditions:

*THIS PERMIT SERVES AS NOTICE OF VIOLATION, AND SYSTEM MUST BE REPAIRED WITHIN 30 DAYS FROM DATE ISSUED.

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 ____ Installed by: JDC THOMSON

Improvement Permit by: [signature] date 09/19/06 Operation Permit by: [signature] date 5-19-07

Authorization to Construct by: [signature] date 09/19/06 Existing System Inspection by: ____ date ____

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