CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 09 4781 PIN# 4747 78 7548 DATE 2/28/01

OWNER OR CONTRACTOR KEVIN AND MARSHA PEARLE PHONE: Business _____ Home (704) 872-2034

ADDRESS 2686 AMITY HILL RD. STATESVILLE, NC 28677

LOCATION SHELTON AVE. (L) AMITY HILL RD. 6mi ON (R) ACROSS FROM HUGO LANE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .30

Septic Tank: 1000 Gallons: STB 1012 Date 6-19-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 3 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: ~~GRAVITY CONVENTIONAL~~ 25% RED

Repair System Description: 25% REDUCTION "PUMP"

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ~~☒~~ Individual ☐ Public ☐ Community

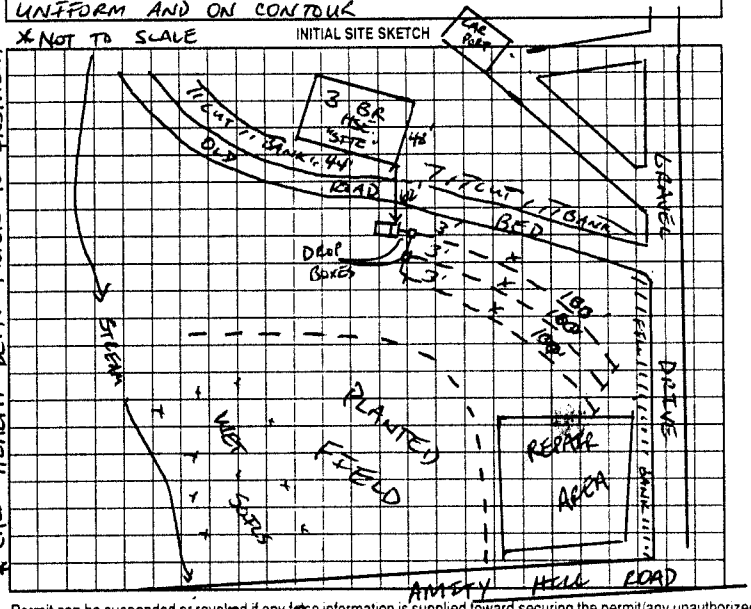
Comments/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS ③ MAINTAIN SETBACKS ④ INSTALL DRAIN LINES UNIFORM AND ON CONTOUR

Comments/Conditions: POLYLUX EJECTOR & MARKER

45% SLOPE = CHANGED WITH APPROVAL

* NOT TO SCALE

INITIAL SITE SKETCH



AS BUILT SKETCH

* CALL HEALTH DEPT. PRIOR TO INSTALLATION.

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: TOMMY FRYE

Improvement Permit by: _____ date 2/28/01 Operation Permit by: _____ RS date 9-14-01

Authorization to Construct by: _____ date 2/28/01 Existing System Inspection by: _____ date _____

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