IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 98086 PIN# 4757-08-0166 DATE 2-25-00

OWNER OR CONTRACTOR Mike Lunty PHONE: Business 871-9477 Home

ADDRESS 106 River Oaks Dr. Stoney Pt. N.C.

LOCATION 21 N T6 Jennings IR Reeves T6 Rytel at end on left.

SUBDIVISION Ambelside BLOCK / SECTION 2 LOT 9 LOT AREA .59acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 1012 Date 2-8-2000
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

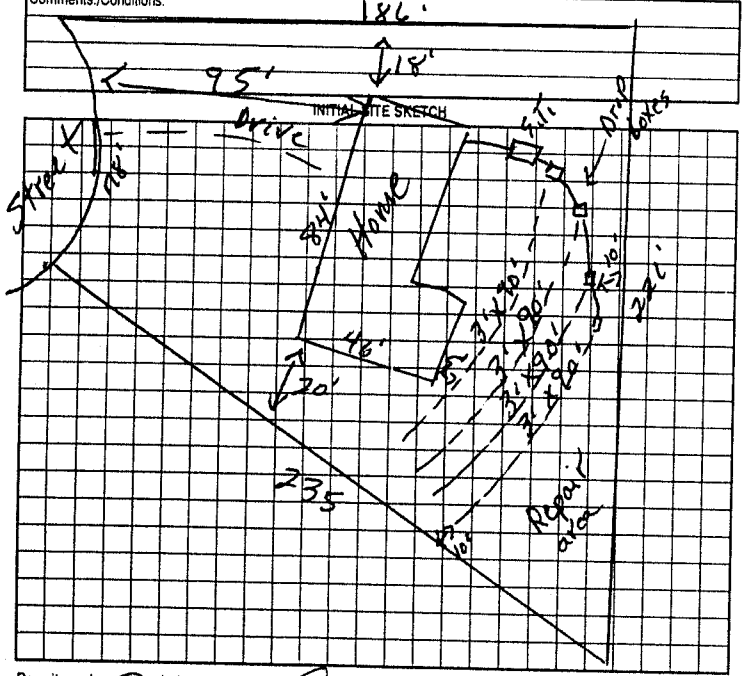
☑ New System ☐ Repair System Type: I ☑ III. IV. V. VI
System Description: Conv. Gravity
Repair System Description: Gravity 2586 Rock
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "Poylok" FILTER

AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL 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 Kunes date ____ Installed by: STEVE JORDAN

Improvement Permit by: P.C. Moore date 2-25-00 Operation Permit by: STEVE HEDRICK date 6-16-2000

Authorization to Construct by: P.C. Moore date 2-25-00 Existing System Inspection by: ____ date ____

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