IREDELL COUNTY HEALTH DEPARTMENT

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

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

11:30

PERMIT# 137150 PIN# ~~4761 12 2089.029~~ 4761-11-9766 DATE 8/14/06

OWNER OR APPLICANT Aimee Miller PHONE: Business _____ Home _____

ADDRESS 130 Cherrybelen Dr. Charlotte NC 28115

LOCATION 115N, TR Shinnville, TL Weathers Creek, TR Falling Acorn on RT

SUBDIVISION Oak Ridge BLOCK / SECTION 2 LOT 29 LOT AREA 5.1464 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1000 Date 11/21/06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. 400 ~~X~~

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet ~~535~~

No Lines 4 ~~10~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conventional 25%Red

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

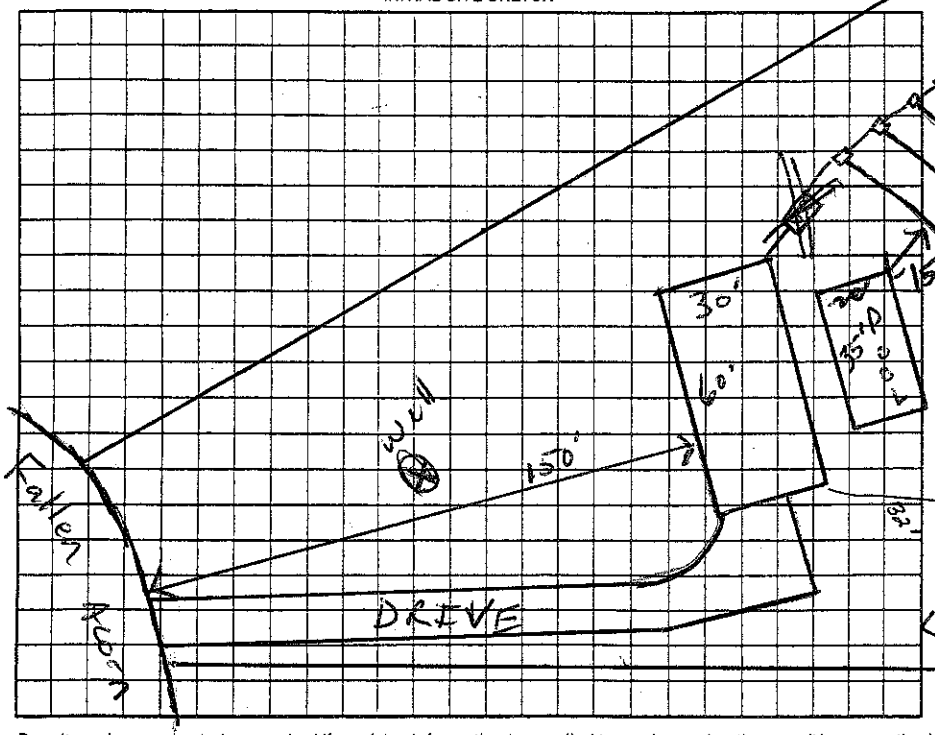
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Remove berm

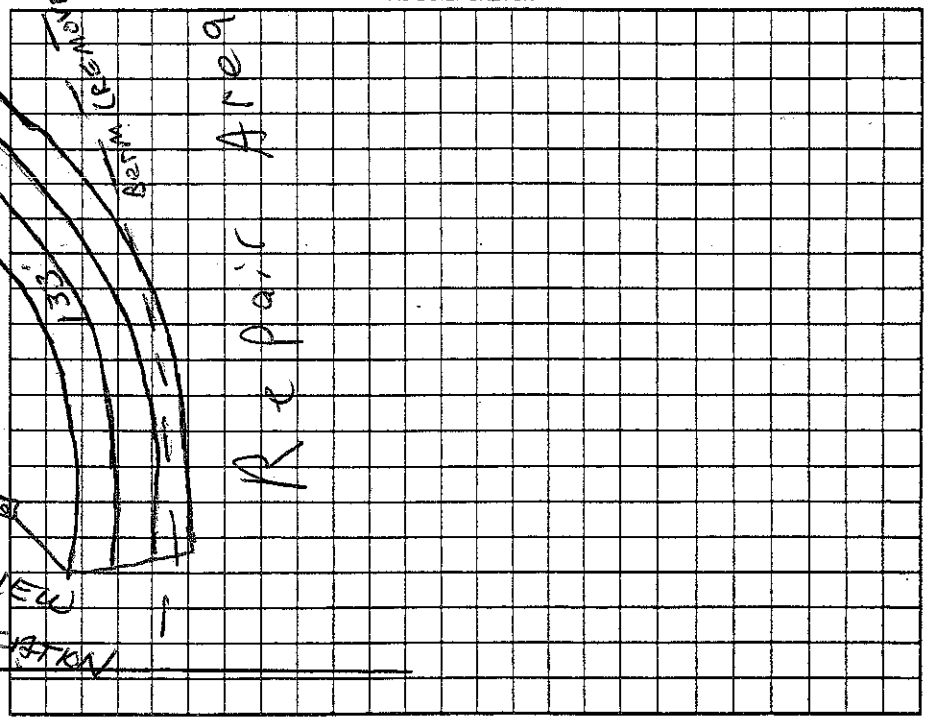
Not To Scale

Comments:/Conditions: Accepted System - elevation installed

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 8/15/06

Improvement Permit by: _____ RS date 8/14/06

Authorization to Construct by: _____ RS date 8/14/06

Installed by: Kevin Bowles / K+M Grading + Backhoe

Operation Permit by: Wesley Sparks RS. date 2/28/07

Existing System Inspection by: _____ date _____

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