CI 75 110

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102649 PIN# 4774-65-0047 DATE

OWNER OR CONTRACTOR JENNIFER SHERRILL PHONE: Business 704-924-2586 Home 704-873-4562

ADDRESS 440 HILLCREST DR STATESVILLE, NC 28677

LOCATION HWY 64 E, ® BARCY OAK, © MILLS GARDEN, 84 TIMBER LN ON RT

SUBDIVISION MILLS GARDEN PHS BLOCK / SECTION LOT 17 LOT AREA 0.941 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.25

Septic Tank: 1000 Gallons: STB 760 Date 8-11-01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet EQ=440 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: GRAV 25% RED
Repair System Description: LP PANEL
Maintenance Agreement Required: [ ] Yes [X] No
Gravel Depth N/A [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

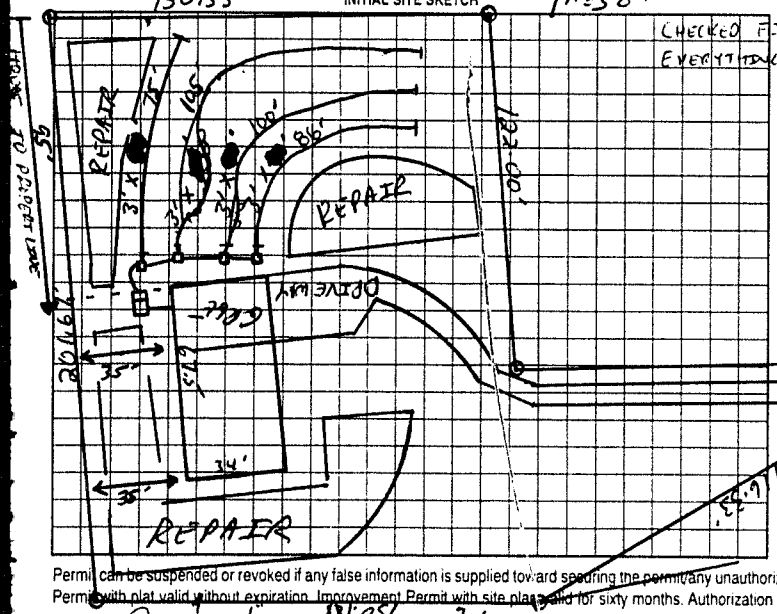
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees
[ ] Other

Water Supply: [ ] Individual [X] Public [ ] Community

Comments/Conditions: ①STUB OUT 2' HIGHER THAN GROUND LEVEL & BACKFILL TO PREVENT PUMPING ② DO NOT CUT GROUND LEVEL ANY AT STUB OUT; IF CUT THE SYSTEM WILL BECOME A PUMP. ③STUB OUT

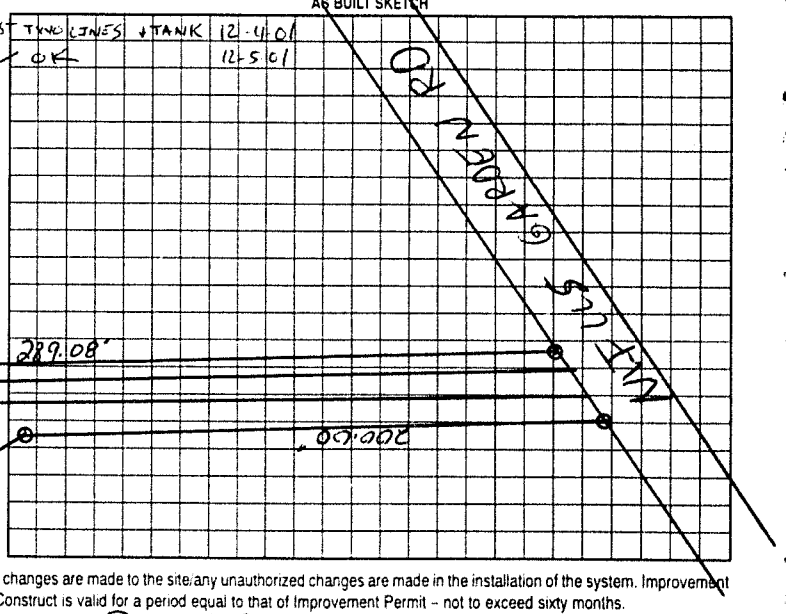
Comments/Conditions: AS SHOWN IN BACK RIGHT CORNER WHICH MEANS THROUGH GARAGE FLOOR ④MAINTAIN SETBACKS TAPE FLAGS & MARKER

INITIAL SITE SKETCH 1"=50'



CHECKED FIRST TWO LINES & TANK 12-4-01
EVERYTHING ✓ OK 12-5-01

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: Jennifer Sherrill date

Improvement Permit by: Jim Clark RS date 10-17-01

Authorization to Construct by: Jim Clark RS date 10-17-01

Installed by: BRENT GALLIHER

Operation Permit by: Jim Clark RS date 12-5-01

Existing System Inspection by: date

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