IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130838 PIN# 4779399847 DATE 9-8-05

OWNER OR CONTRACTOR David Perry PHONE: Business _____ Home 704-838-6907

ADDRESS 322 York Spann RD Hamptonville NC 27020

LOCATION 21 N (R) Glenwood Valley DR 2nd Lot on Right

SUBDIVISION Glenwood BLOCK / SECTION _____ LOT 30 LOT AREA 100 X 200 SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. 13

Septic Tank: 1000 Gallons; STB 7-31-05 Date 1012

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth NA

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

System Description: ~~Conv~~ 25% Conv

Repair System Description: 25% Pump-PM

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ___

☐ Business No. Employees ___

☐ Other _____

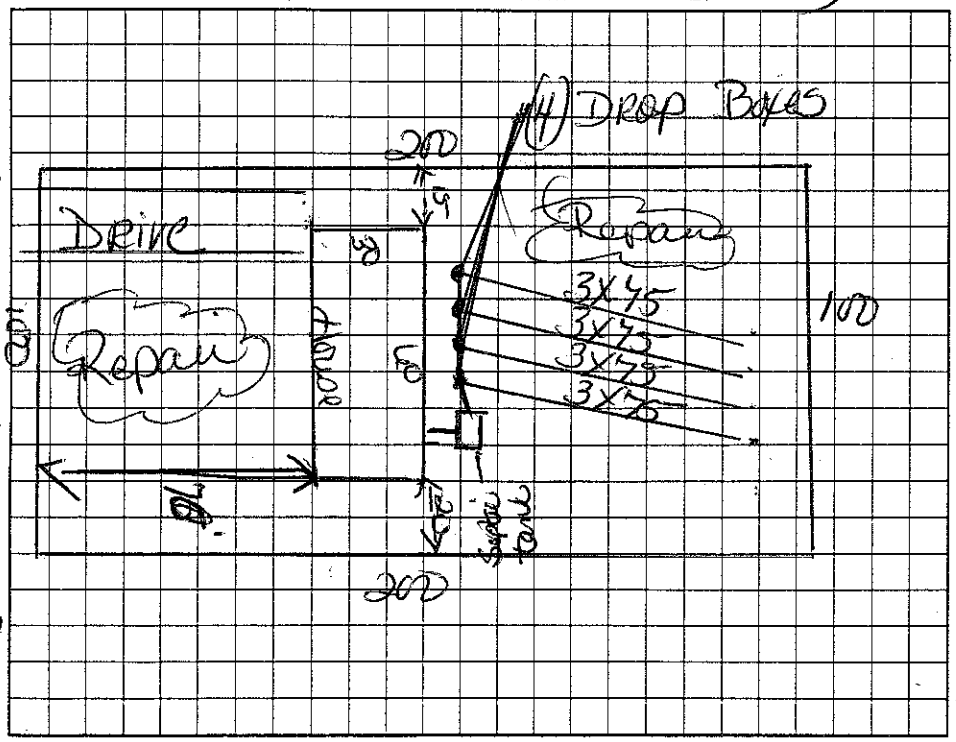
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: Install on contour maintain all setbacks (1"=50')

Comments/Conditions: Septic tank marker yellow tuff-tite effluent installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Glenwood Valley DR.

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: X David Perry date _____ Installed by: Tom Myers Sept

Improvement Permit by: Kelly Cook date 9-8-05 Operation Permit by: Kelly Cook date 3-2-06

Authorization to Construct by: Kelly Cook date 9-8-05 Existing System Inspection by: _____ date _____

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