IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~D8943989909~~ PIN# 4831 57 1280 PF. DATE 7/18/00

OWNER OR CONTRACTOR Ralph Myers PHONE: Business 792-8054 Home

ADDRESS 94030 Harris Rd. Concord, NC. 28027

LOCATION 115N TR Friendship Rd. TL Myers Mill to #334 on (L)

SUBDIVISION No BLOCK / SECTION LOT LOT AREA ~1.15AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 9.9.00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100x3' Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

(X) New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: Dem. - Conventional
Repair System Description: Dem
Maintenance Agreement Required. ☐ Yes (X) No

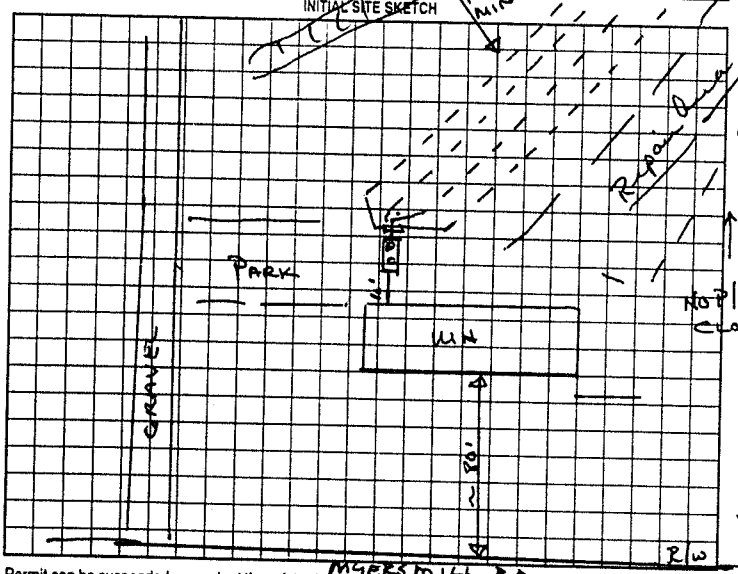
(X) House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab (X) Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: (X) Individual ☐ Public ☐ Community

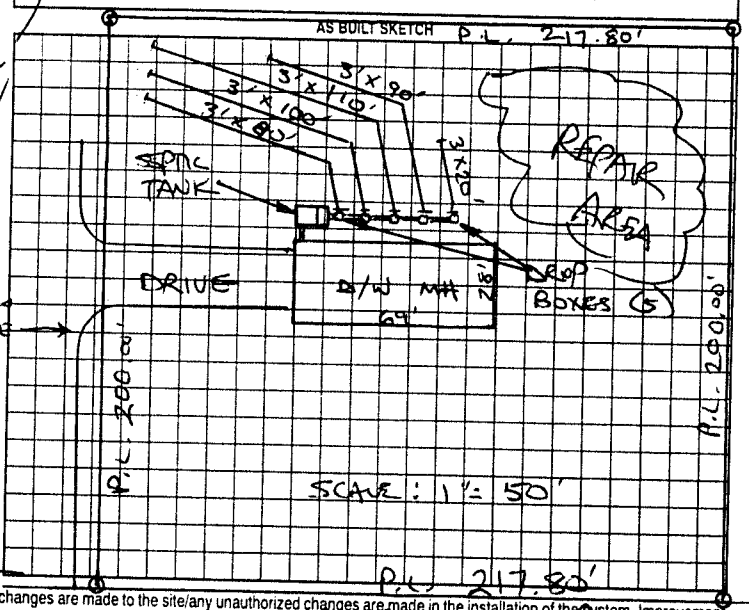
Comments/Conditions:

Comments/Conditions: (2) SYSTEM ALTERED AS SHOWN BELOW WITH PRIOR HEALTH DEPT. APPROVAL (2) SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" FILTER.

INITIAL SITE SKETCH



AS BUILT SKETCH P.L. 217.80'



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: R Ralph Myers date

Improvement Permit by: Wendy Sparks R.S. date 7/18/00

Authorization to Construct by: Wendy Sparks R.S. date 7/18/00

Installed by: A-1 BACKHOE

Operation Permit by: STEVE HENDRICK date 12-1-00

Existing System Inspection by: date

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