IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☒ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 174852 PIN # 4852723573 DATE 10/4/12

OWNER Lindsey + Scott Gearlock APPLICANT: SAME PHONE: Home/Cell # 704 657 2220 Business # 704-450-1500

SITE ADDRESS 636 Jericho OWNER / APPLICANT ADDRESS P.O. Box 112 Union Grove, NC

SITE DIRECTIONS 77 N to (R) on Hwy 901, (R) on Jericho Rd Drive on left 1½ miles down

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a LOT AREA 1.23 Ac. DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 794 Date 1-16-13 ☒ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI

Pump Tank ____ Gallons: P T ____ Date ____ System Description: 25% Reduction Gravity

Pump Make ____ Model ____ Serial # ____ Repair System Description: 25% Reduction Gravity

No. Nitrification Fields: 1 No. Lines 6 Linear Feet 50 Maintenance Agreement Required ☐ YES ☒ NO

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth n/a ☒ GRAVITY ☐ PRESSURE

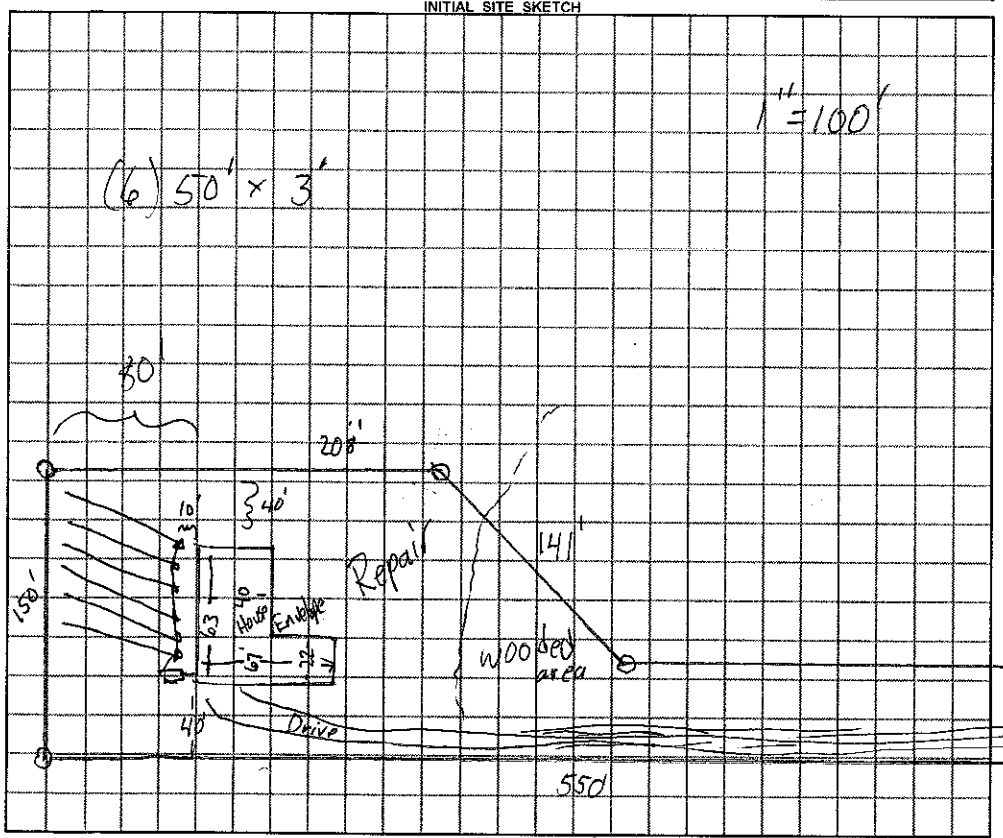
☒ Residence No. Bedrooms 3 ☐ Business No. Persons ____ ☐ Other No. Employees ____ ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions

Use serial distribution. Maintain gravity fall for tank when grading.

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 ~~plat valid without expiration.~~ site plan valid 60 mo. ☒ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Kathy Dollinger Date 11-1-12 Installed by: Dellinger Grading

IMPROVEMENT PERMIT by: ____ REHS Date 10/4/12 OPERATION PERMIT by: ____ REHS Date 5-14-13

AUTHORIZATION TO CONSTRUCT by: ____ REHS Date 10/4/12 Existing System Inspected by: ____ REHS Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant