IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (<1) MOORESVILLE 704-664-5281

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

PERMIT# 122479 PIN# 4860-65-6435 DATE 1-27-05

OWNER OR CONTRACTOR RYAN BUILDERS, INC. PHONE: Business _____ Home (704) 872-4520

ADDRESS 3920 WINWOOD CIRCLE CHARLOTTE, NC 28226

LOCATION US 21 N TL TABOR TR FORNEY LOT ON LT AT CORNER OF FORNEY & SHEARIN RD

SUBDIVISION FORNEY ACRES BLOCK / SECTION _____ LOT 67 LOT AREA 1.0 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 gpd/ft²

Septic Tank: 1000 Gallons; STB 620 Date 11-20-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: GRAVITY 25% REDUCTION

Repair System Description: PUMP CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

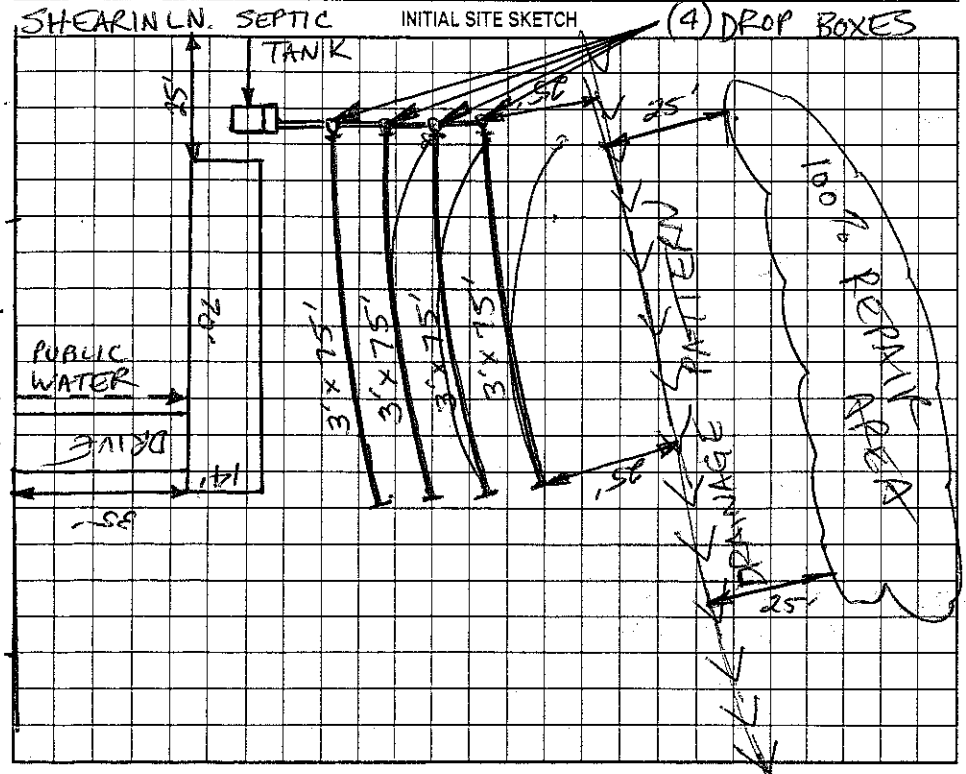
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: (1) INSTALL 30" ON CONTOUR (2) MAINTAIN ALL SETBACKS

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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 1-28-05 Installed by: ANDY DANIELS

Improvement Permit by: Christopher M Shuller PE, LS date 1-27-05 Operation Permit by: STEVE HENDRICK date 2-11-05

Authorization to Construct by: Christopher M Shuller PE, LS date 1-28-05 Existing System Inspection by: _____ date _____

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