IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (21) MOORESVILLE 704-664-5281

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

PERMIT# 121143 PIN# 3774-63-1282 DATE 6/9/04

OWNER OR CONTRACTOR Kelly Contracting Services Inc PHONE: Business (336) 760-6922 ~~Home~~ cell (336) 345-3355

ADDRESS P.O. Box 544 Lewisville, N.C. 27023

LOCATION I-40 W (R) Sharon School Rd, (L) Stewart Rock Rd, (L) Fulbright, (L) Lodging Point Dr, (R) Rivercliff, (R) Beacon Ridge Dr. Lot on left

SUBDIVISION Riverwalk BLOCK / SECTION III LOT 15 LOT AREA .95 Ac SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .35 gpd/ftsq

Septic Tank: 1,000 Gallons; STB 760 Date 8.30.04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Eq to 1029 Linear Feet 260
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Pump, 25% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees ____
☐ Other ____

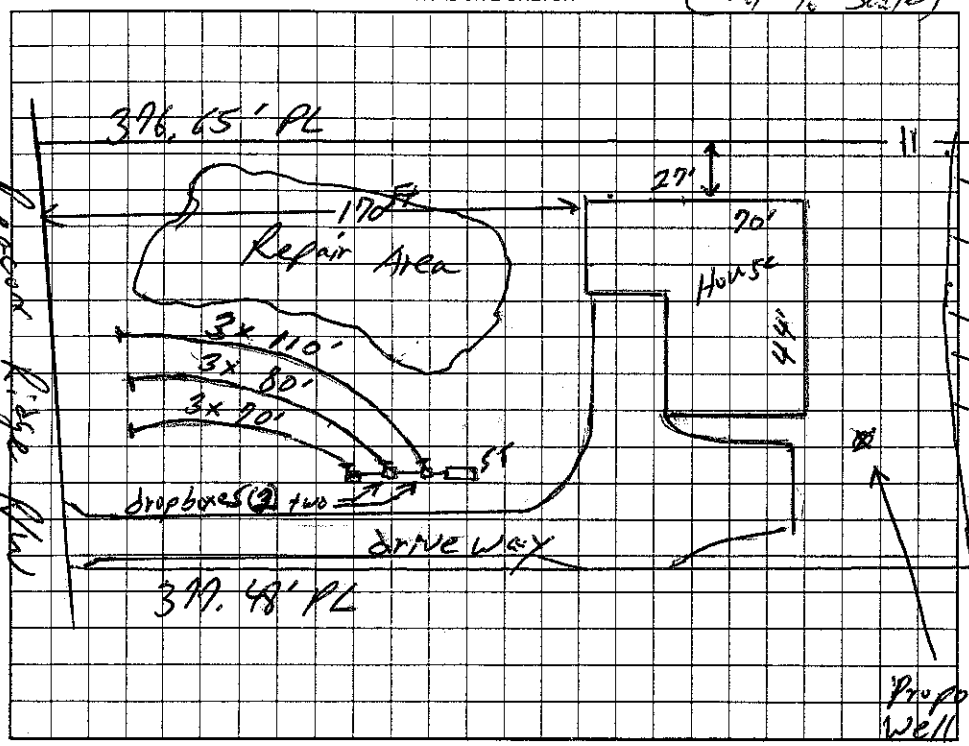
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

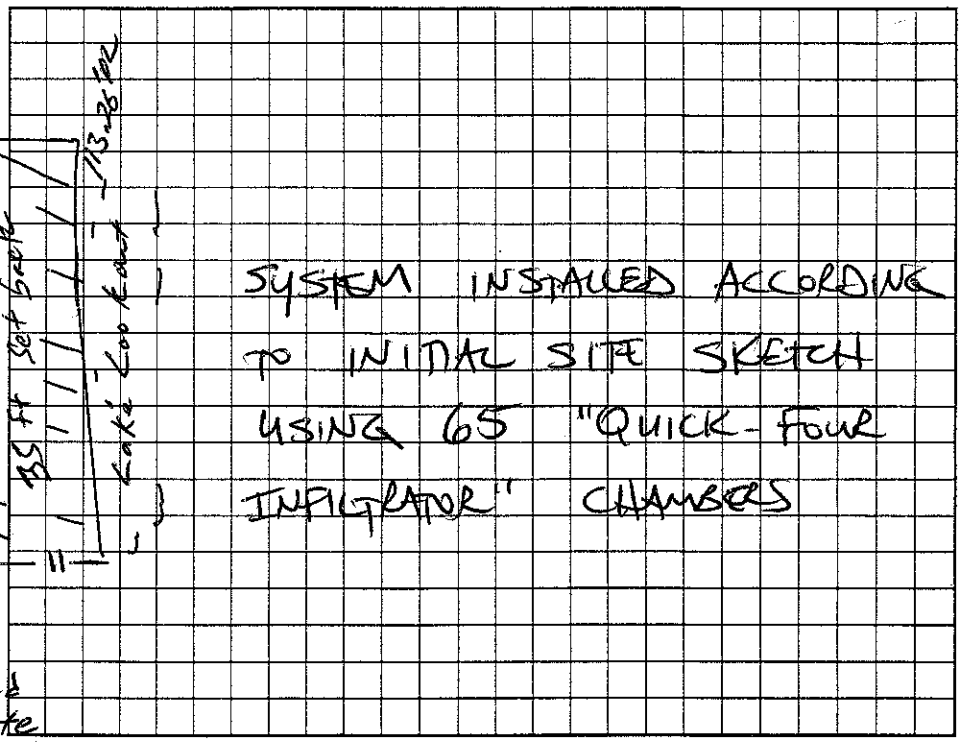
Comments/Conditions: (1) Install lines on contour (2) maintain proper setbacks

Comments/Conditions: SEPTIC TANK WITH RISERS AND MARKER INSTALLED USING RED "Baylok" FILTER. SYSTEM INSTALLED DEEP DUE TO STUB-OUT LOCATION.

INITIAL SITE SKETCH (Not to Scale)



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: [signature] date 6/9/04 Installed by: FRANK TRANSUE

Improvement Permit by: William O. Johnson date 6/9/04 Operation Permit by: STEVE HERRICK date 11-8-04

Authorization to Construct by: William O. Johnson date 6/9/04 Existing System Inspection by: ____ date ____

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