IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136404 PIN# 3775901383 DATE 11 Sept. 06

OWNER OR APPLICANT Roger Manuel PHONE: Business 704-902-1317 Home 704-872-3739

ADDRESS 229 Belfast Rd. Statesville, N.C.

LOCATION 213 Stewart Rock Dr. Stony Point, N.C.

SUBDIVISION Riverwalk BLOCK / SECTION _____ LOT 1 LOT AREA 0.687 Ac. SITE CLASS. P3 DESIGN FLOW 360 gpd T.A.R. 0.3 gal/ft²/day

Stewart Rock

Septic Tank: 1000 Gallons: STB 1012 Date 8-7-06

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 3' Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☑ Individual ☐ Public ☐ Community

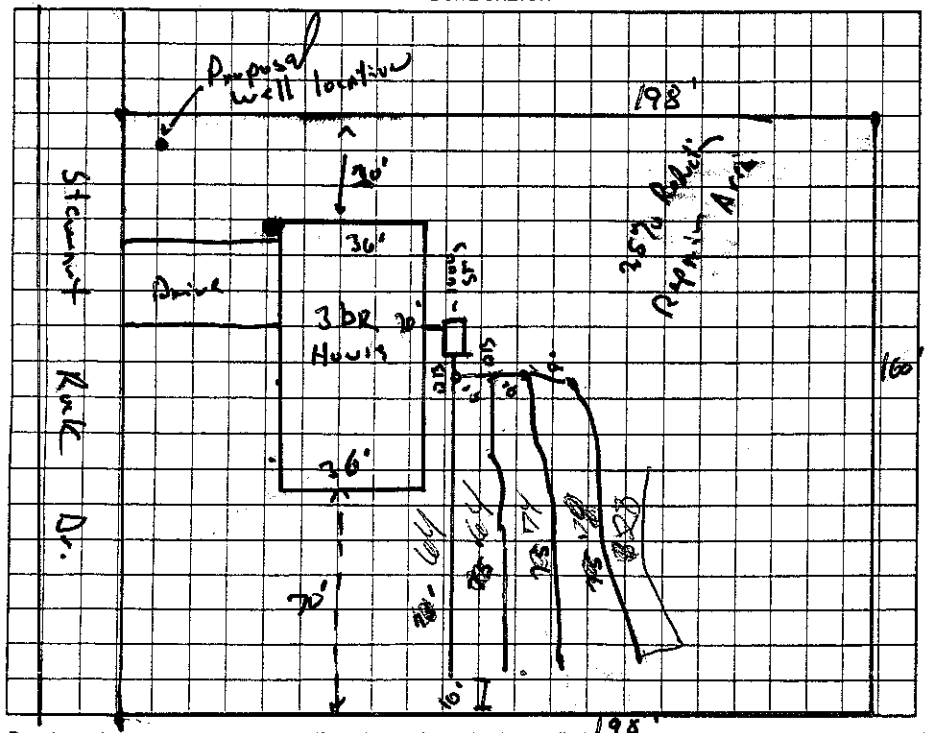
☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Follow contour / Remove terrace at bottom of lot. Drop-boxes

Comments:/Conditions:

Septic Tank Size Reduction

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 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: Roger Manuel 9-13-06 date _____

Improvement Permit by: _____, R.S. date 11 Sept. 06

Authorization to Construct by: _____, R.S. date 11 Sept. 06

Installed by: A-1 Backhoe

Operation Permit by: _____ date 12-27-07

Existing System Inspection by: _____ date _____

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