IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140554 PIN# 3784-90-4341 DATE 26 February 07

OWNER OR APPLICANT Martin Hendricks Builders PHONE: Business 704-902-0574 Home 704-872-5295

ADDRESS 346 New Sterling Rd. Stony Point, N.C. 28678

LOCATION I-40W Turn Rt. Sharon School Rd. 2 miles TR Falling Creek Dr. on Lft.

SUBDIVISION Sharon Trace BLOCK / SECTION 2 LOT 35 LOT AREA 0.504 Ac. SITE CLASS. PS DESIGN FLOW 360 gpd. L.T.A.R. 0.3 gpd/ft² lot

Septic Tank: 1000 Gallons; STB 1002 Date 1-1507

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 28" 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 _____

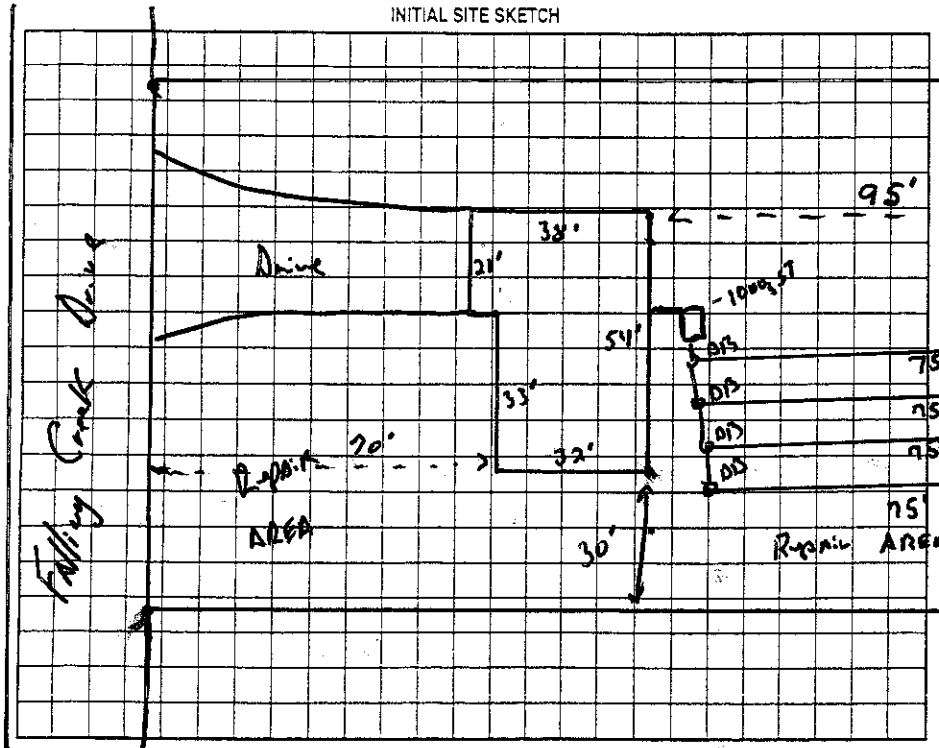
Water Supply: ☐ Individual ☑ Public ☐ Community

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

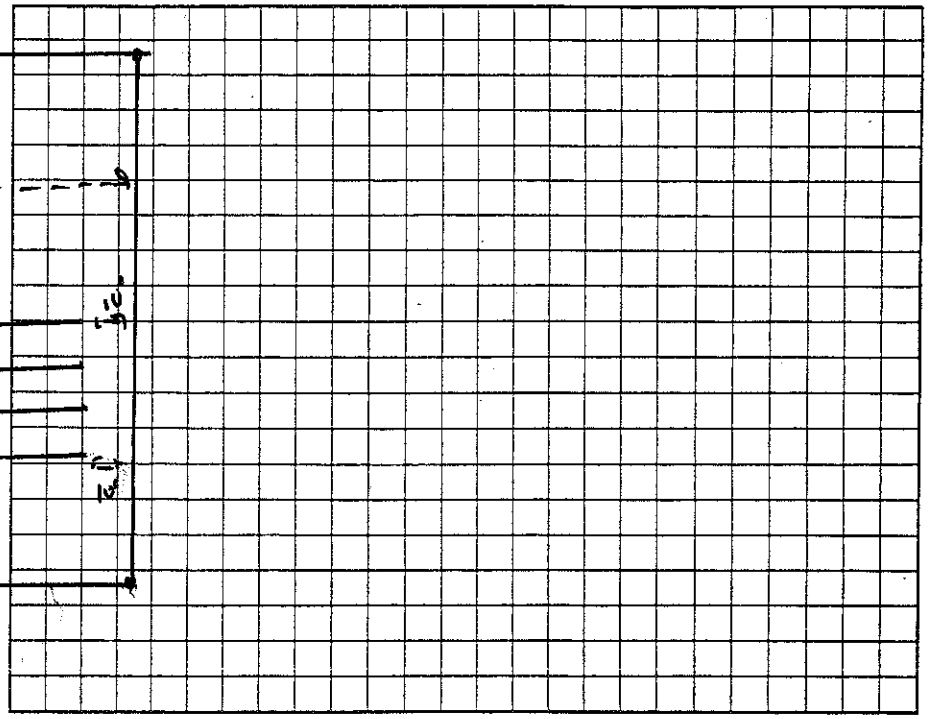
Comments:/Conditions: Follow contour / * 28" max. trench depth / use 4 drop boxes. 1" = 40'

Comments:/Conditions: Yellow Lid-tite Septic Tank Marker

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: _____ date 3-2-07 Installed by: _____

Improvement Permit by: _____, R.S. date 26 February 07 Operation Permit by: _____ date 6-15-07

Authorization to Construct by: _____, R.S. date 26 February 07 Existing System Inspection by: _____ date _____

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