IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1360066 PIN# 3785-74-6957 DATE 6-17-06

OWNER OR APPLICANT MARGARET R. GALLIMORE PHONE: Business _____ Home 704-876-2596

ADDRESS 235 RIGGS ROAD, STONY POINT, NC 28678

LOCATION I-40 W, TR OLD MTN. ROAD, TL PRESSLEY FARM ROAD, TL RIGGS ROAD, AT END ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.743 ACRE SITE CLASS: PS DESIGN FLOW 240' L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet EXISTING

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Persons _____

☐ Business No. Employees _____

☑ Other _____

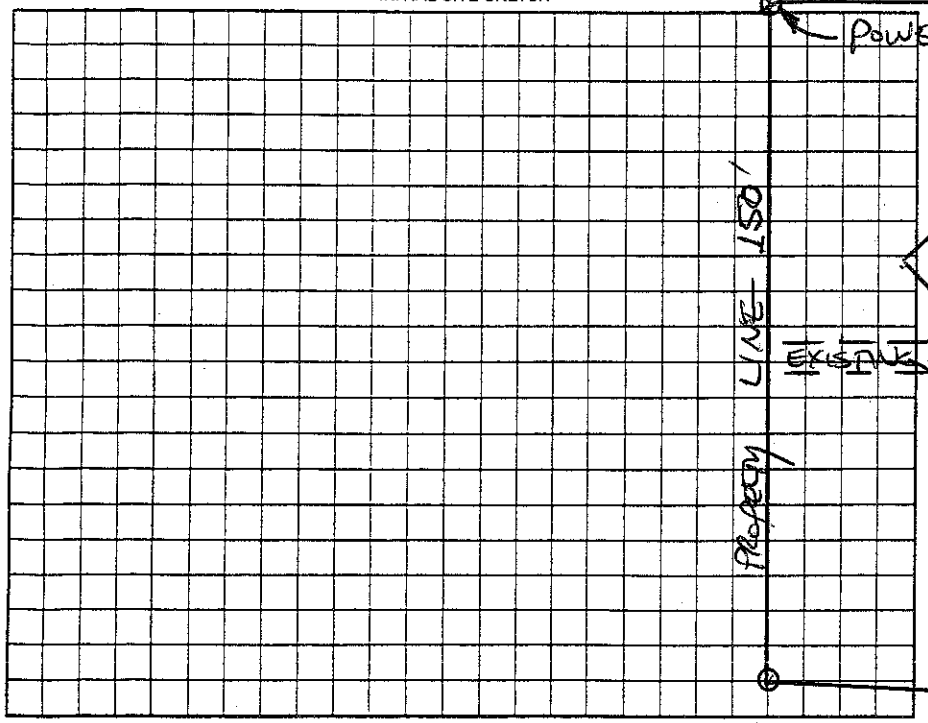
Water Supply: ☐ Individual ☐ Public ☐ Community WELL

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

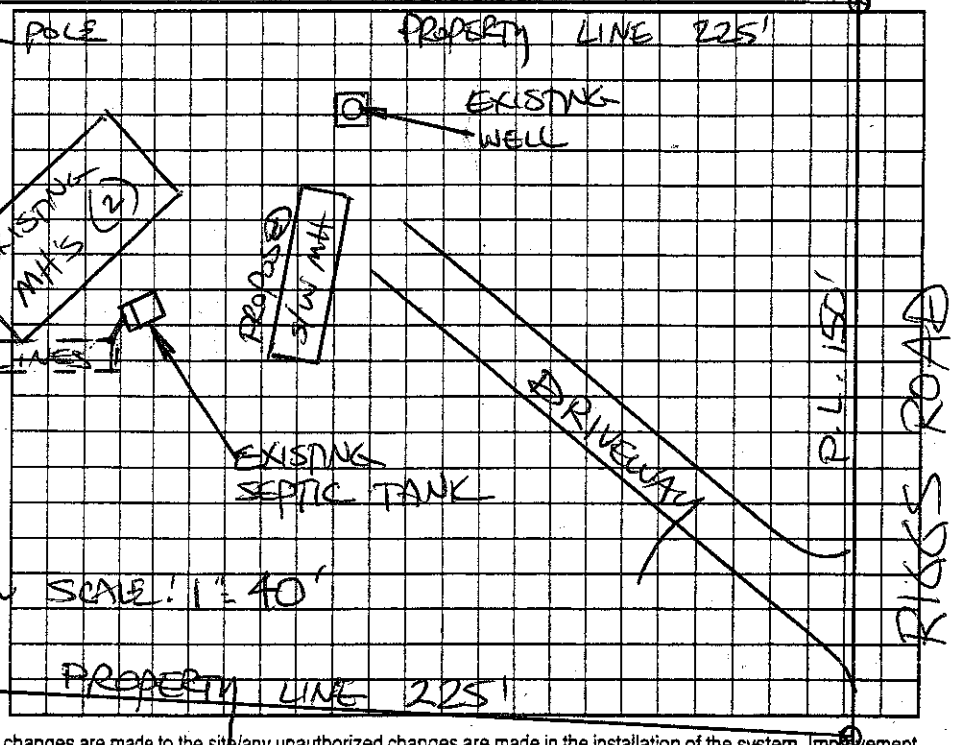
Comments:/Conditions:

Comments:/Conditions: (1) EXISTING S/W MH'S (2) TO BE REMOVED UPON OCCUPANCY OF PROPOSED S/W MH (2) SYSTEM UNDERSIZED ACCORDING TO TODAY'S STANDARDS.

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 _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: STEVE HENDRICK date 6-17-06

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