:DELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83222 PIN# ~~3785 78 4908~~ 3785-78-4908 DATE Aug 20 99

OWNER OR CONTRACTOR Shannon UpRight PHONE: Business _____ Home 585. 6160

ADDRESS 584 County Line Rd. Stony Point NC 28678

LOCATION Old Mt Rd Nth (L) County Line on (R) past Victoria's Landmark Follow gravel drive to white house is on TL before AT end of drive

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 9.67Ac SITE CLASS. 65 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 9-13-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II) III, IV, V, VI
System Description: Conv. Gravity
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

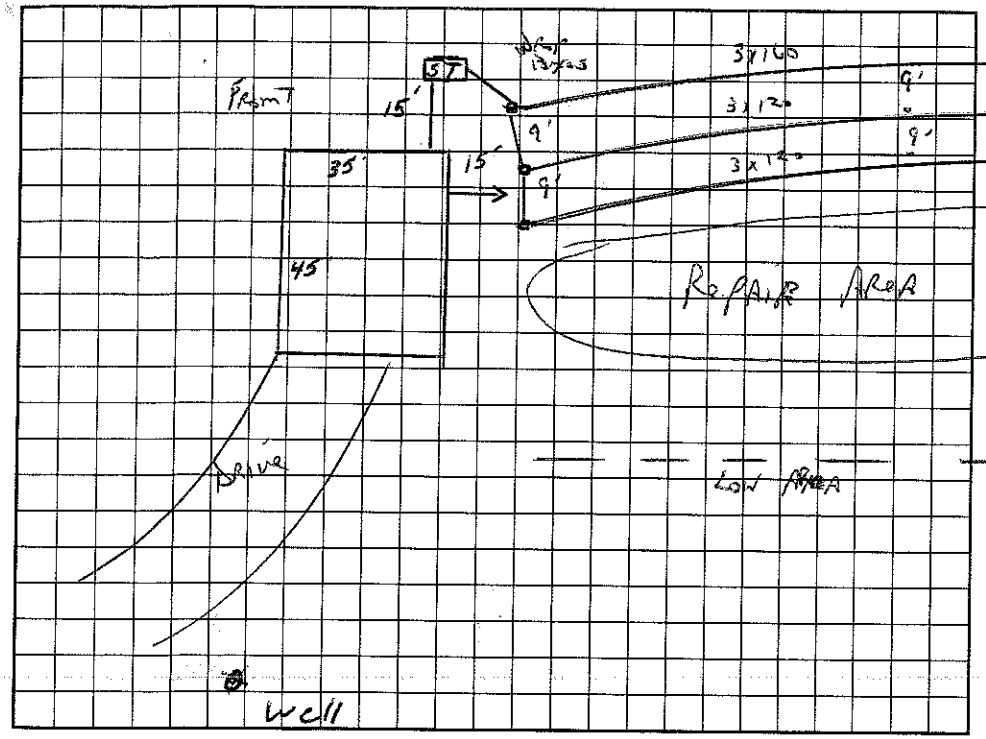
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

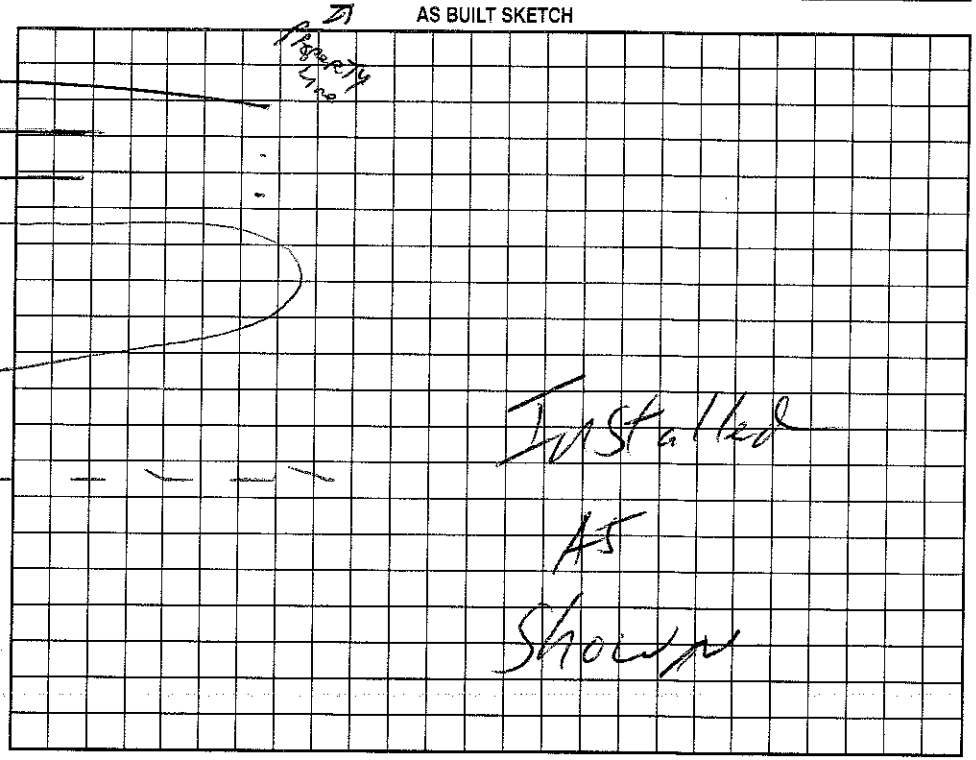
Comments:/Conditions: Install on contour Follow all setback Rules
Keep well 100 ft from septic system

Comments:/Conditions:
- ST market Tuff-Tite filter Installed

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: Shannon Upright date Aug 20 99
Improvement Permit by: Joe Potter date Aug 20 99
Authorization to Construct by: Joe Potter date Aug 20 99

Installed by: Steve Jordan
Operation Permit by: William O. Johnson date 3/9/04
Existing System Inspection by: _____ date _____

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