# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 144118 PIN# 3785-89-8911 DATE 2 May 08

OWNER OR APPLICANT Tiffany Cain PHONE: Business 828-632-7061 Home 704-585-9197

ADDRESS 231 Cain Rd. Stony Point

LOCATION Old Main Rd. Turn onto Cain Rd. Go To End.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.01 ac. SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. 0.3 gpd/ft²/d

Septic Tank: 1000g Gallons; STB 1000 Date 7-26-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet @ 300

No Lines 3 Trench Width 36" 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 No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments/Conditions:

Follow Contour
& Keep 50' + From well

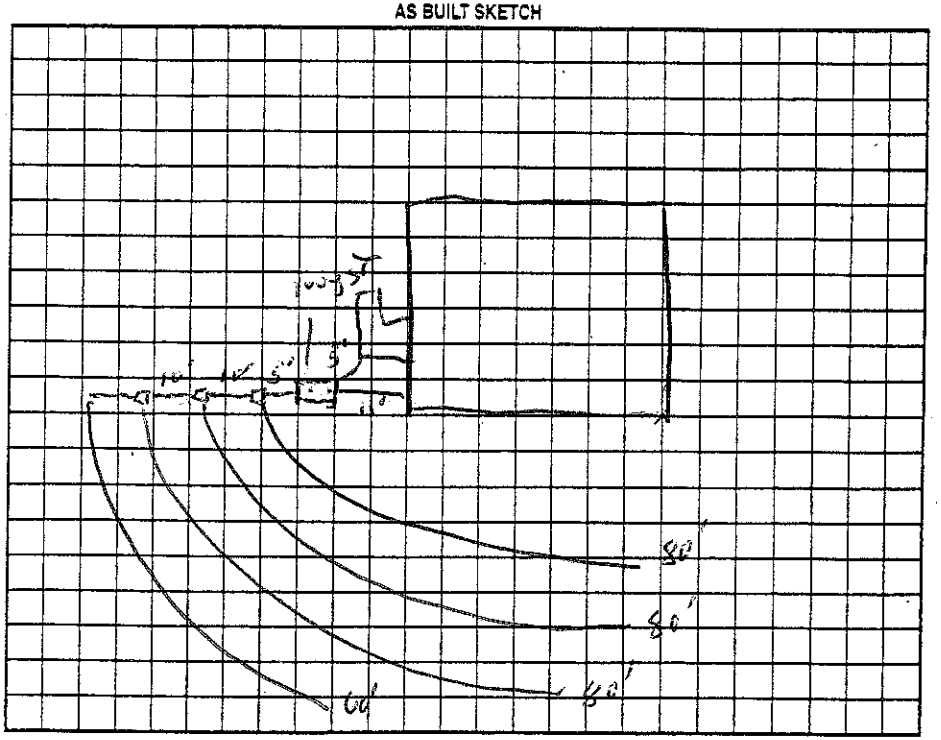
Comments/Conditions: 51 Has marker
Filter installed.

INITIAL SITE SKETCH

Please see
Attached layout.

* Need lot cleared of timber
AND Home Floorplan before
Authorization to construct is issued.

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: Tiffany Cain date 5/2/08

Improvement Permit by: _____, R.S. date 2 May 08

Authorization to Construct by: _____, R.S. date 16 May 08

Installed by: Bill Adams

Operation Permit by: _____, R.S. date 23 Jan. 09

Existing System Inspection by: _____ date _____

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