IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 3786808990 DATE 3/28/01

OWNER OR CONTRACTOR Magdalene Cain Parsons PHONE: Business — Home (704) 585-6836

ADDRESS 208 Cain Rd Stony Point N.C. 28678

LOCATION I-40 west, Oak Mtn Rd, to Cain Road on R just past curve # 208

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS 05 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet _____ Linear Feet 150-300

No. Lines 2-4 Trench Width 36" Max Trench Bottom Depth _____

☐ New System ☒ Repair System Type: I. II. III. IV. V. VI

System Description: Gravity Conv.

Repair System Description: Gravity Conv.

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 18" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

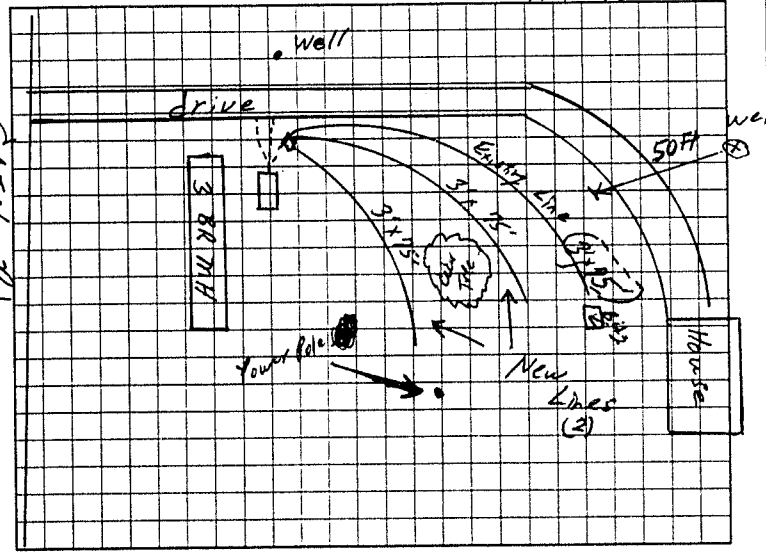
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

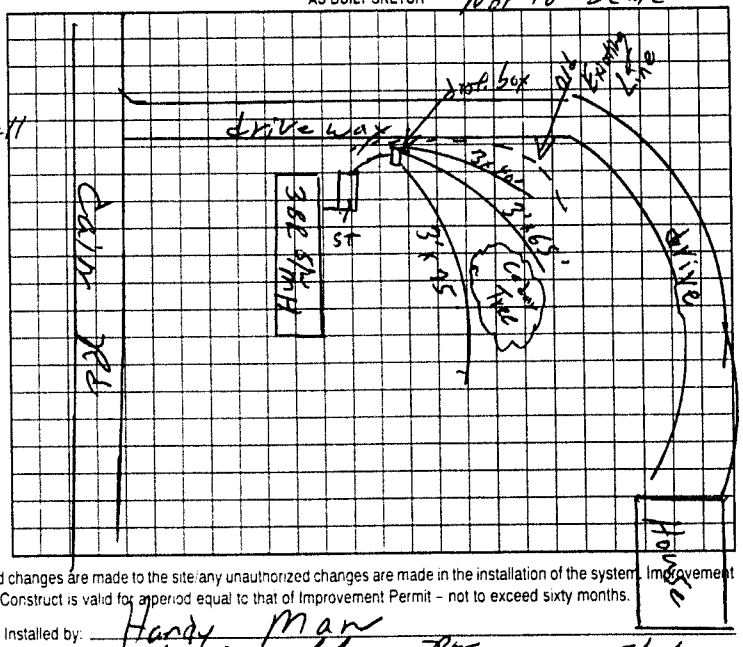
Comments/Conditions: ① add two lines ~ 150 ft in length w/18" gravel ② replace distribution box if necessary ③ add additional length of line up to 300 ft if possible

Comments/Conditions – Installed new sanitary tee, disconnect old existing line. Total ft installed → 180 with 18" gravel

INITIAL SITE SKETCH Not to Scale



AS BUILT SKETCH Not to Scale



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: Bruce Parson date 3/24/01

Improvement Permit by: William O Johnson date 3/28/01

Authorization to Construct by: William O Johnson date 3/28/01

Installed by: Harry Marr

Operation Permit by: William O Johnson RST date 5/2/01

Existing System Inspection by: _____ date _____

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