*This permit replaces the one issued 16 October 07

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 14506 PIN # 3794-00-0270 DATE 14 January 2010

OWNER or APPLICANT Martin Hendricks PHONE: Business (704) 872-5395 Home: (704) 902-0574

OWNER or APPLICANT ADDRESS 346 New Sterling Rd, Stony Point

LOCATION / DIRECTIONS I-40 W Turn Sharon School Rd exit. TR on Sharon School W. TR Falling Creek - Lot on left.

SUBDIVISION Sharon Trace BLOCK / SECTION LOT # 30 LOT AREA DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/ft²

Septic Tank 1000 Gallons: STB 1012 Date 5-4-10

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 3 Linear Feet 300

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ 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

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

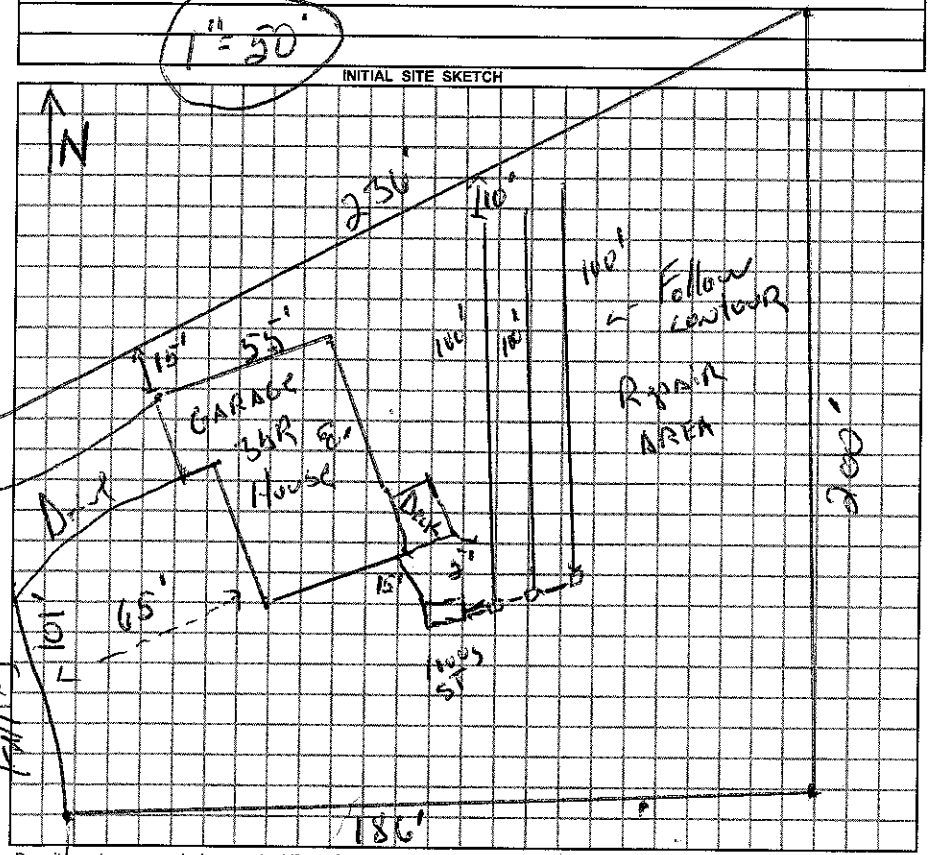
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions

1" = 30'

INITIAL SITE SKETCH



Comments / Conditions

endcap distribution

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 w / plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Martin Hendricks Date 2-4-10

Improvement Permit by: [signature] R.S. Date 14 Jan. 2010

Authorzation to Construct by: [signature] R.S. Date 14 Jan. 2010

Installed by: Tommy Frye

Operation Permit by: [signature] Date: 11-10-10

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant