IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12452 PIN# 3794-16-3622 DATE 10-21-04

OWNER OR CONTRACTOR GLENDA HALL PHONE: Business (704) 699-0467 Home (704) 838-0362

ADDRESS 367 COTTON GIN RD. STONY POINT NC 28678

LOCATION I-40W TR OMP TL NEW STERLING TL COTTON GIN ON RT @ PINES IN MIDDLE FOREST

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~15.0 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 EXISTING

Septic Tank: 1000 EX. Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 EX

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

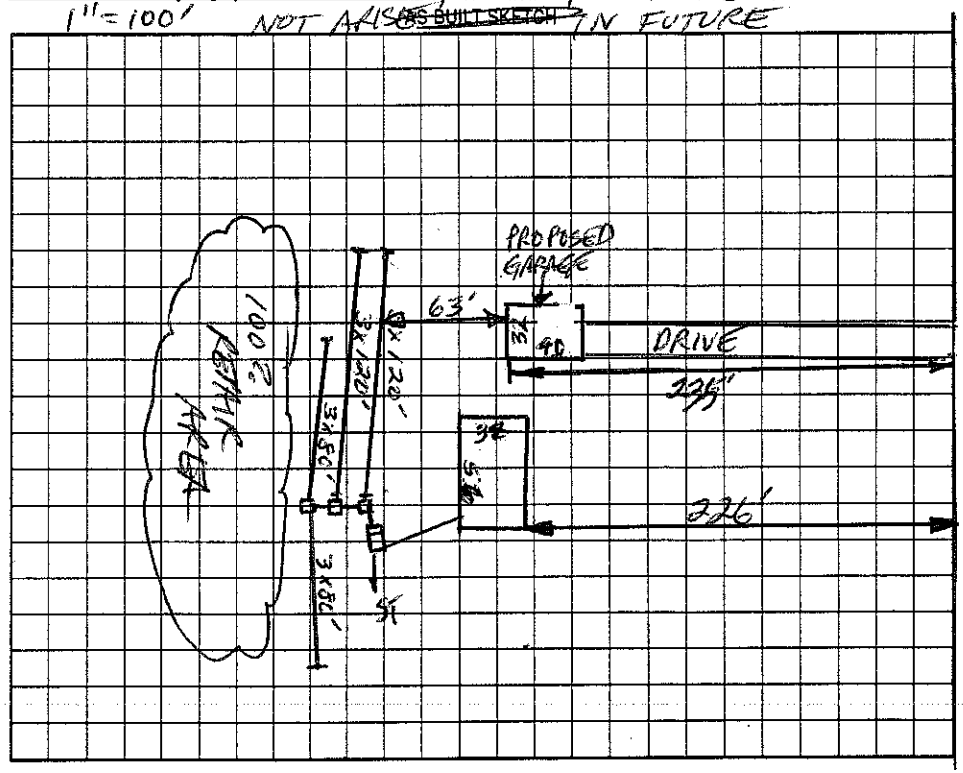
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: (1) SYSTEM FUNCTIONING PROPERLY AT TIME OF INSPECTION (2) PERMISSION TO BUILD PROPOSED STRUCTURE (3) STRUCTURE SHALL NOT INCREASE NO. OF BEDROOMS ON SYSTEM (4) VISUAL INSPECTION ONLY - NO GUARANTEE PROBLEMS WILL NOT ARISE IN FUTURE

INITIAL SITE SKETCH

1" = 100' ~~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: Larry Hall date 10-21-04 Installed by: MARTY TUCKER

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

Authorization to Construct by: _____ date _____ Existing System Inspection by: Christopher M. Shue REHS date 10-21-04

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