IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 80767 PIN# 3795018203 DATE Apr. 30, 99

OWNER OR CONTRACTOR Edward Henderson PHONE: Business _____ Home 873 9280

ADDRESS 142 Bolick Rd Stony Point NC

LOCATION Old Mtn Rd (L) New Sterling Ch (R) Linden Loop (R) Bolick on Right 2nd Drive

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 x 100 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

(X) New System ( ) Repair System Type: (I) II. III. IV. V. VI

System Description: Low Quality

Repair System Description: Quality 25% Reduction

Maintenance Agreement Required: ( ) Yes (X) No

(X) House/Mod. Home No. Bedrooms 3

( ) Mobile Home No. Bathrooms 3

( ) Business No. Employees ____

( ) Other _____

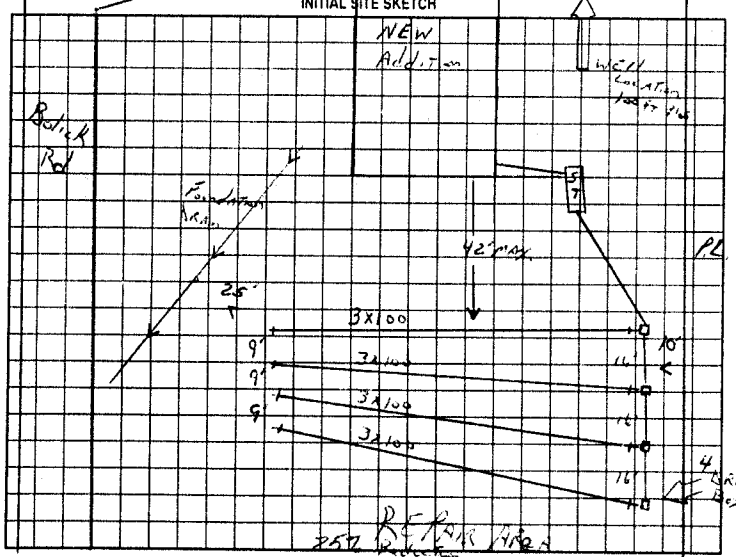
( ) Slab (X) Crawl Space ( ) Basement w/plumbing ( ) Basement wo/plumbing

Water Supply: (X) Individual ( ) Public ( ) Community WELL

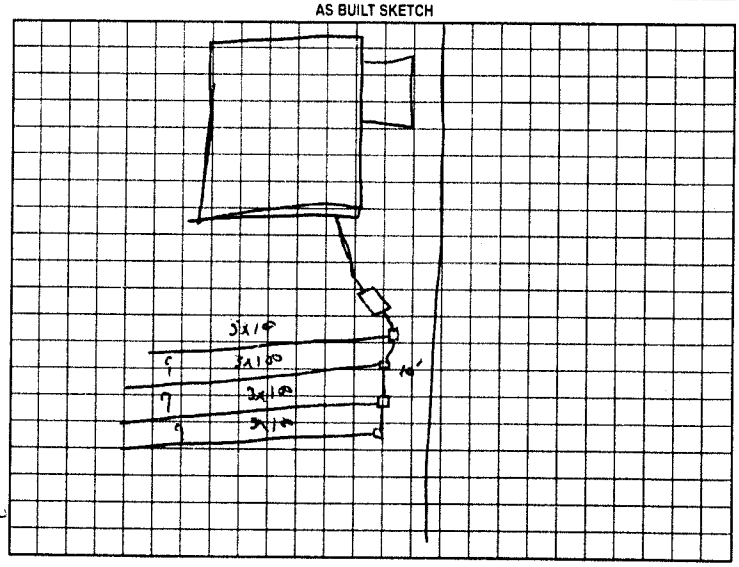
Comments/Conditions: Foundation drains diverted away from Septic System by 25 ft Locate Tank and drop boxes so as to utilize Remove Terraces, Landscape to provide Adequate drainage

Comments/Conditions: Area as close as 10 ft to property line

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: _____ date 4/30/99

Improvement Permit by: J.C. Potter date 4/30/99

Authorization to Construct by: J.C. Potter date 4/30/99

Installed by: E. Elder

Operation Permit by: J.C. Potter date Nov 24 99

Existing System Inspection by: _____ date _____

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