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 April 30, 99

OWNER OR CONTRACTOR Edward Henderson PHONE: Business _____ Home 878 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 Capacity
Repair System Description: Capacity 25% Reduction
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees ____
[ ] Other _____

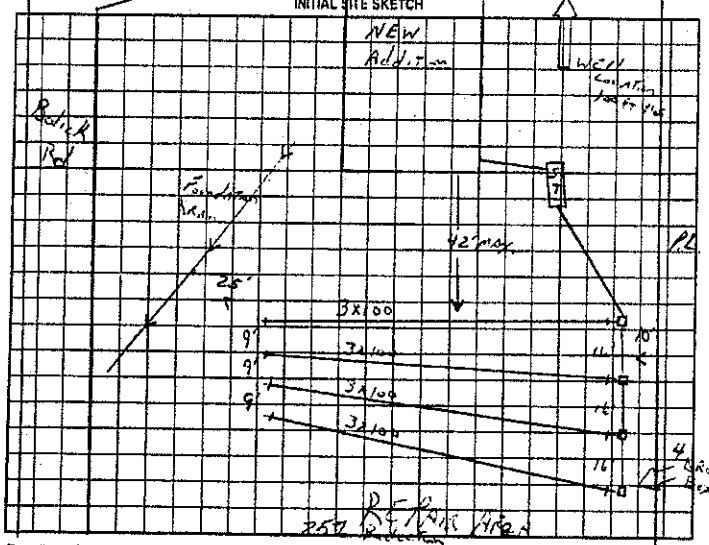
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community WELL

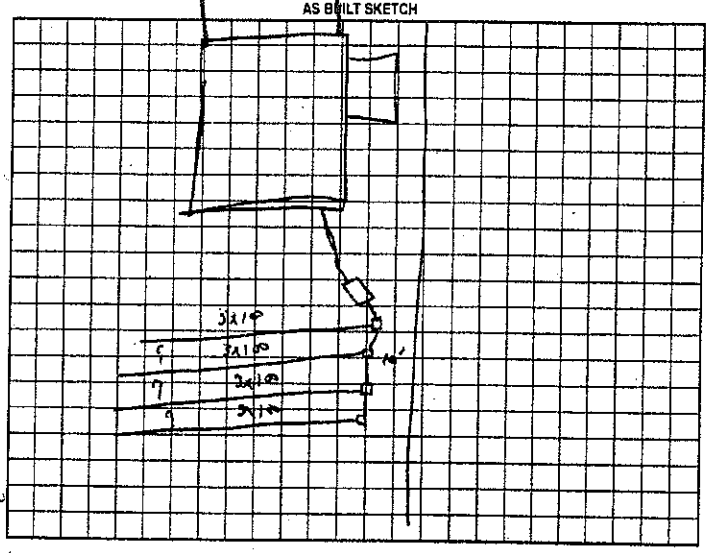
Comments/Conditions: Foundation drains diverted away from Septic System 25 Ft Locate Tank And drop boxes So As To Utilize Remove Terraces, Landscape To Provide Adequate Drive

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 Installed by: E. Elder

Improvement Permit by: J. C. Potter date 4-30-99 Operation Permit by: J. C. Potter date Nov 24 99

Authorization to Construct by: J. C. Potter date 4-30-99 Existing System Inspection by: _____ date _____

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

The location of the proposed COVERED BREEZEWAY addition does not appear to impact the existing septic system.

**NOTE: _____

R. STEVE KEDRICK REHS

Date: NOV 9, 2010

ICHD-Environmental Health Division