IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C\) MOORESVILLE 704-664-5281

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

PERMIT# 104098 PIN# 3795-47-4550 DATE 2/5/02

OWNER OR CONTRACTOR Jenkins + William S PHONE: Business (704) 872-0922 Home —

ADDRESS P.O. Box 5877 Statesville, N.C. 28687

LOCATION I40W, Old Mtn Rd North, go past miracle Farm Rd, (R) Stony Dell, on right.

SUBDIVISION Stony Dell BLOCK / SECTION — LOT 7 LOT AREA 1.24 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 4000 Gallons: STB 1012 Date 12-9-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity; Conventional
Repair System Description (Existing) Pump; 25% Reduction
Maintenance Agreement Required: ☐ Yes X No

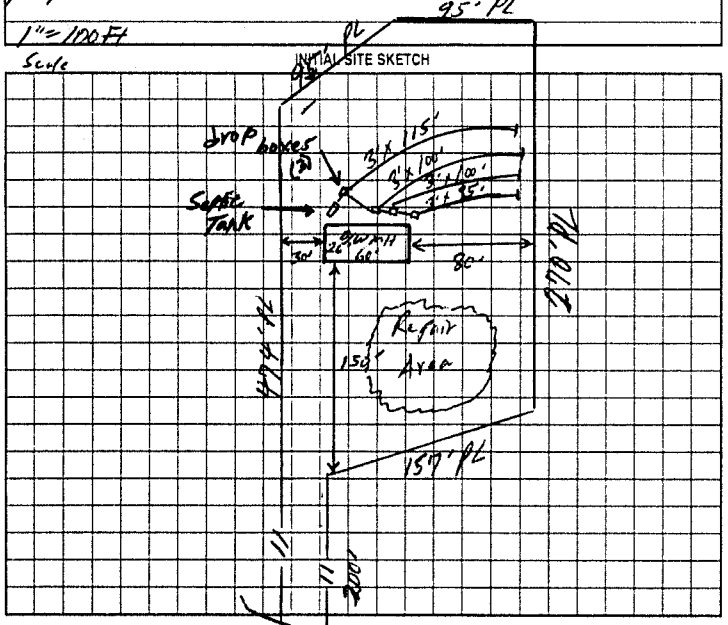
☐ House/Mod. Home No. Bedrooms 3
X Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: ① Install lines on contour ② Maintain proper setbacks
1"=100 Ft

Scale

INITIAL SITE SKETCH



Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED "SINK" POLYLOK" FILTER

AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: [signature] date 2/6/02 Installed by: Tommy Cothren

Improvement Permit by: [signature] date 2/5/02 Operation Permit by: Steve Hedrick date 4.26.02

Authorization to Construct by: [signature] date 2/5/02 Existing System Inspection by: ____ date ____

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