IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094800 PIN# 3795 53 2615 DATE 9-20-01

OWNER OR CONTRACTOR JERRY E. & DONNA W. CAMPBELL PHONE Business (704) 437-1322 Home (704) 873-4933

ADDRESS 757 NEW STERLING ROAD, STONY POINT NC 28678

LOCATION I-40 W, TR OLD MTN. RD, TL NEW STERLING RD, TR WESTWARD ROAD, 1ST DRIVE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.32 ACRES SITE CLASS PS DESIGN FLOW 470 LTAR 0.35 GPD/FT²

Septic Tank: 1000 Gallons, STB 1012 Date 10-21-01
GREASE TRAP 1000 Gallons, PT 1012 Date 10-26-01
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1350 Linear Feet 450
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

✓ New System ☐ Repair System Type I II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY/PUMP
Maintenance Agreement Required ☐ Yes ✓ No

☐ House/Mod Home No. Bedrooms ____
☐ Mobile Home No. Bathrooms ____
✓ Business No. Employees 2
☐ Other 14'x60' FOOD @ 50 GPD

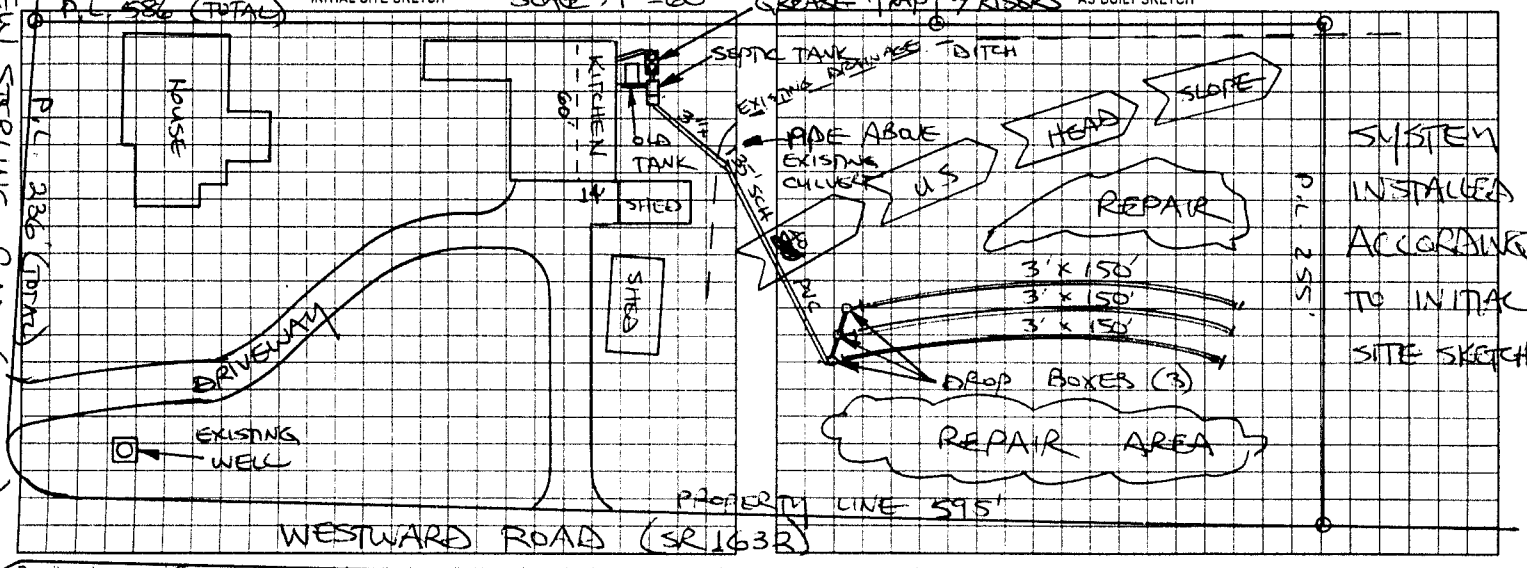
✓ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ✓ Individual ☐ Public ☐ Community
PROPOSED WELL

Comments/Conditions: ① INSTALL GREASE TRAP AT LOCATION SHOWN TO ACCEPT KITCHEN WASTEWATER ONLY. ② PLUMB BATHROOM WASTEWATER DIRECTLY INTO SEPTIC TANK ③ COLLAPSE & BACKFILL EXISTING UNPERMITTED SEPTIC TANK

Comments/Conditions: SEPTIC TANK W/ RISERS INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH ~ SCALE: 1" = 60'



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 9/24/01 Installed by: DALE WINGLER

Improvement Permit by: STEVE HEDRICK date 9-20-01 Operation Permit by: STEVE HEDRICK date 1-16-02

Authorization to Construct by: STEVE HEDRICK date 9-20-01 Existing System Inspection by: _____ date _____

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