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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14923 PIN# 3795544004 DATE 30 Apr 07

OWNER OR APPLICANT Jenkins & Williams / Wayne C. Jenkins PHONE: Business 704-872-0922 Home 704-876-8770

ADDRESS 132 Modular Dr. Statesville, N.C.

LOCATION 779 New Sterling Rd - Stony Point, NC

SUBDIVISION Sterling Place BLOCK / SECTION _____ LOT 1 LOT AREA 0.749Ac. SITE CLASS P3 DESIGN FLOW 300gpd L.T.A.R. 0.3 gpd/ft²/d

Septic Tank: 1000 Gallons; STB WP STB1007 Date 4-11-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet = 1200 Linear Feet 300'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

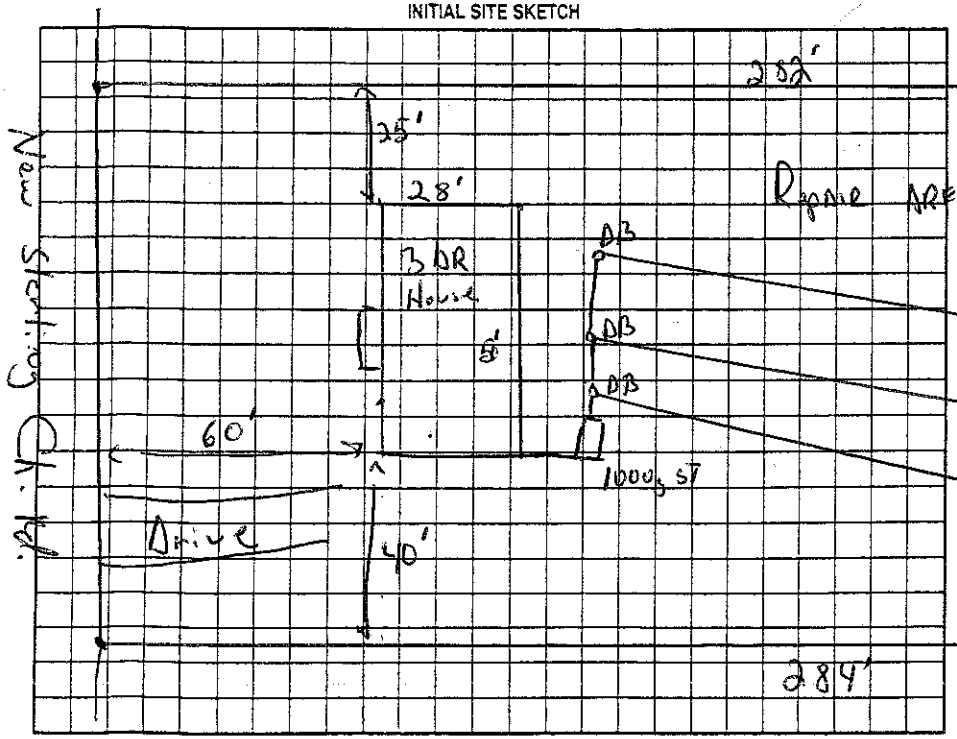
Water Supply: ☐ Individual ☑ Public ☐ Community

☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

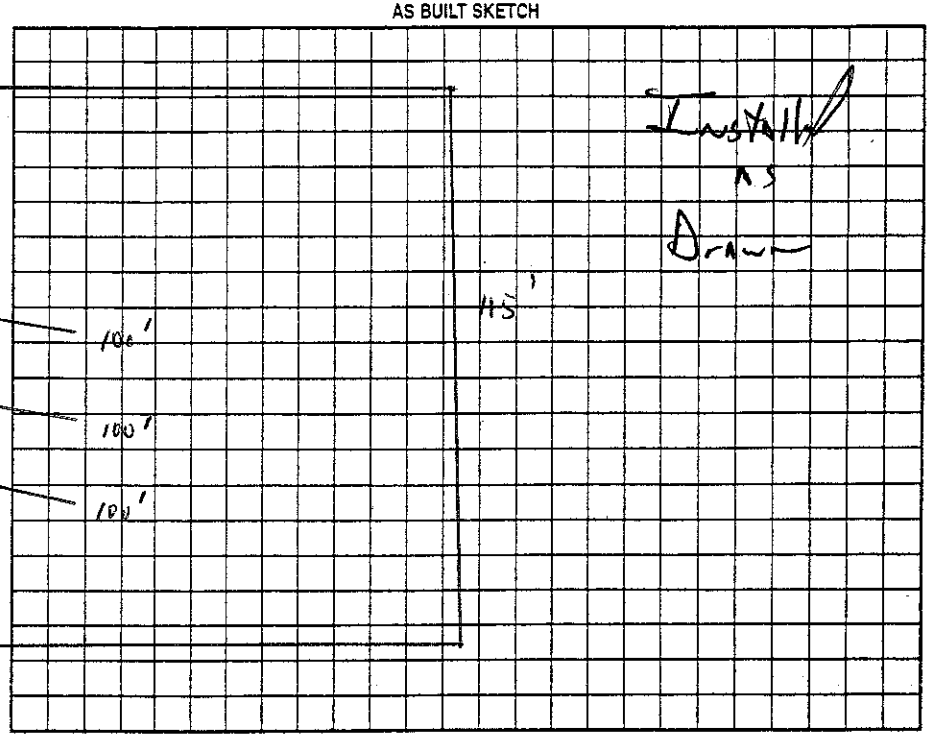
Comments:/Conditions: Follow contour / Honor setback requirements

Comments:/Conditions: Fill installed / Marker on tank

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 5/2/07

Improvement Permit by: _____, R.S. date 1 May 07

Authorization to Construct by: _____, R.S. date 1 May 07

Installed by: Tommy Gathings

Operation Permit by: _____, R.S. date 24 May 07

Existing System Inspection by: _____ date _____

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