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IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (ad) MOORESVILLE 704-664-5281

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

PERMIT# 147732 PIN# 3296-44-~~88~~-~~02~~ 23721 DATE 4 ~~February~~ 08 TCH

OWNER OR APPLICANT Clyde "Jack" Daniel PHONE: Business _____ Home (704) 585-2885

ADDRESS 436 Miracle Farm Rd. Stony Point, N.C. 28678

LOCATION Lackey Farm Rd. Turn onto Miracle Farm Rd. TL Caleb Lane - Pump on Left.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 82ac. SITE CLASS. PS DESIGN FLOW 360g/d L.T.A.R. 0.33/FF/d.

Septic Tank: 1000 Gallons; STB 1012 Date 3-4-08
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 36" ☑ Gravity ☑ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: ~~300 Lf 25% Red~~
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons _____
☐ Business No. Employees _____
☐ Other _____

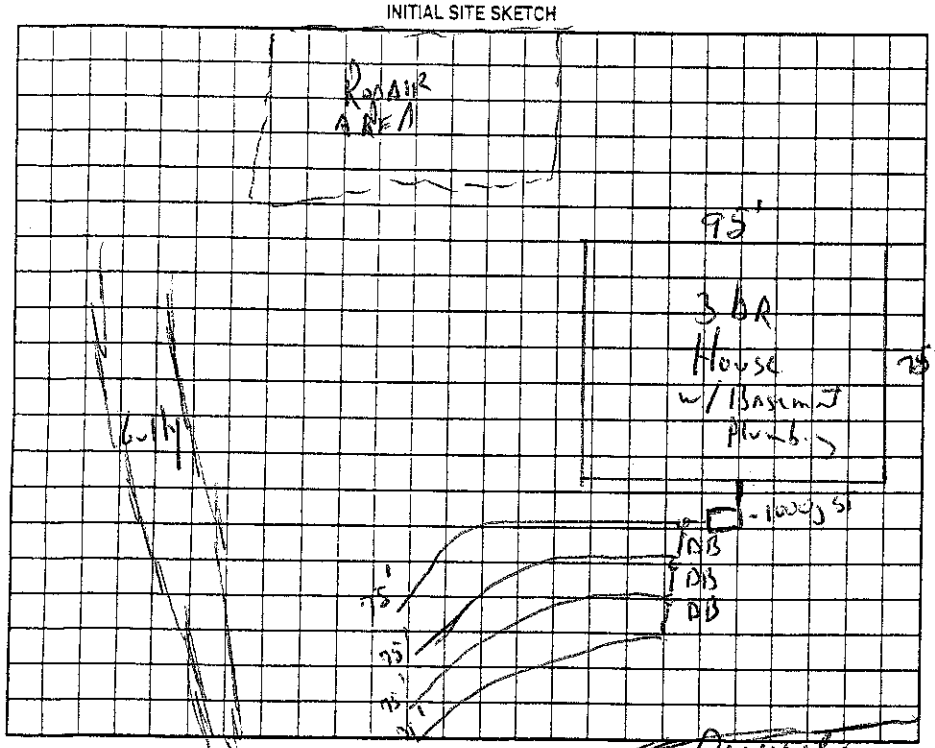
Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions:
Follow contour / Keep upslope as far as possible. House all setbacks

Comments:/Conditions:
Yellow Filter

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: Donna Daniel date 6 Feb 08

Improvement Permit by: _____, R.S. date 4 ~~February~~ 08 TCH

Authorization to Construct by: _____, R.S. date 4 ~~February~~ 08 TCH

Installed by: Steve Jordan

Operation Permit by: _____ date 9-25-08

Existing System Inspection by: _____ date _____

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