IREDELL COUNTY HEALTH DEPARTMENT (C1)

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

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

PERMIT# 11587 PIN# 3797-53-9701 DATE 8/Sept./06

OWNER OR APPLICANT Jackie ELKINS PHONE: ~~Business~~ Cell 704-838-6940 Home 704-278-1498

ADDRESS 1010 Foster Rd. Cleveland, N.C.

LOCATION 124 Saylor Ln. Stony Point, N.C.

SUBDIVISION Calhoun Estates BLOCK / SECTION ____ LOT 2 LOT AREA 0.53 ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 Lf. Ft.²/Da.

Septic Tank: 1000 Gallons; STB 1000 Date 1-2-08

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 5 Trench Width 3 Max Trench Bottom Depth 36"

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

System Description: 25% Reduction

Repair System Description: Present max. & 50% Red.

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A ☑ Gravity ☐ Pressure

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

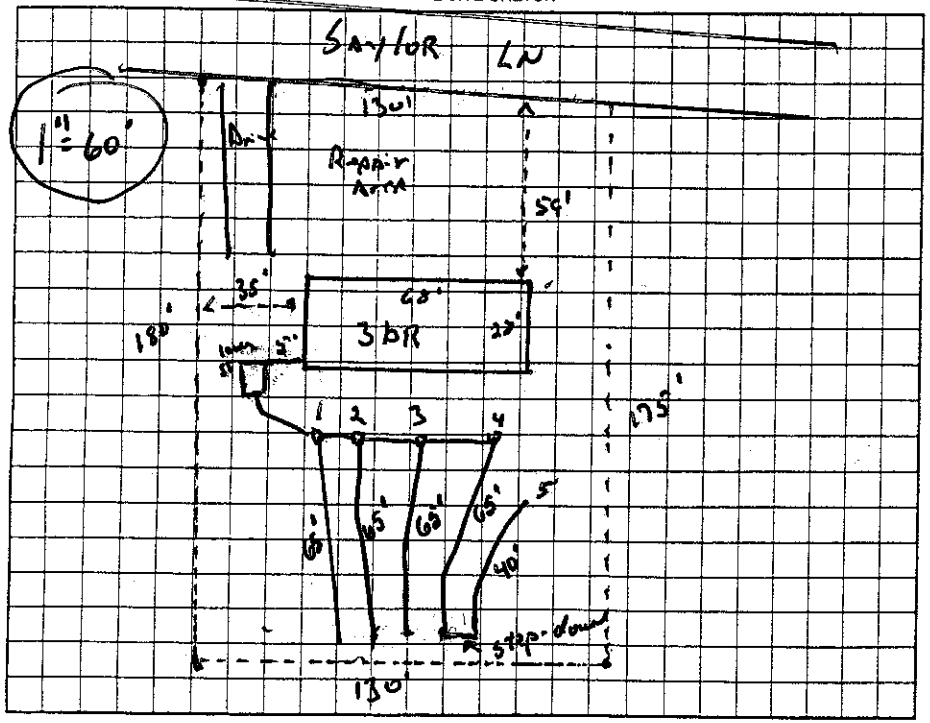
Water Supply: ☐ Individual ☑ Public ☐ Community

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

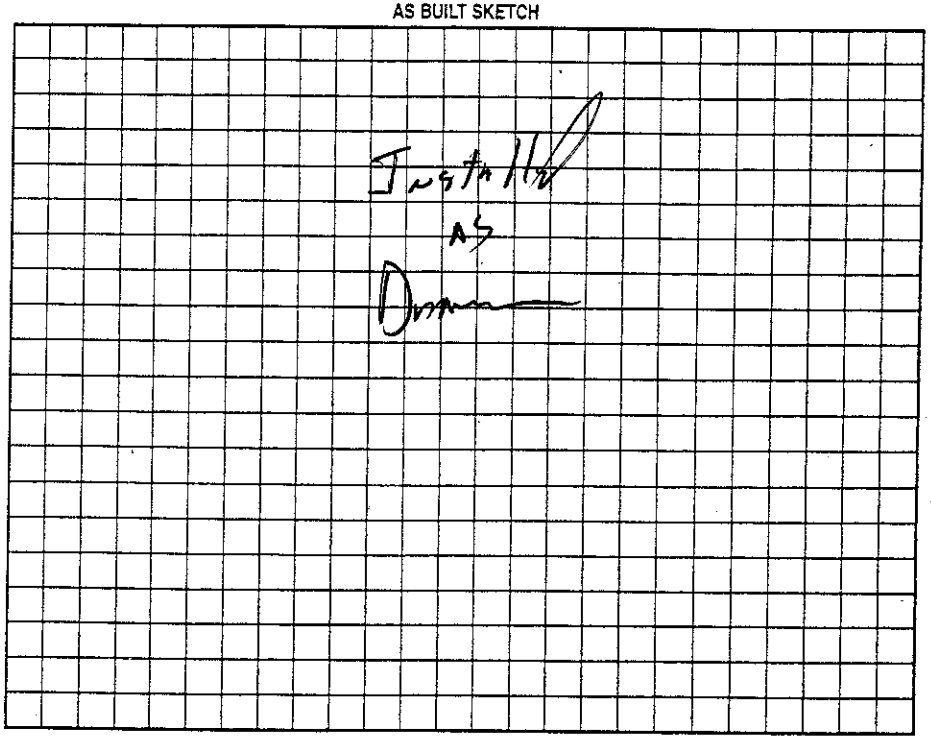
Comments:/Conditions: Drop-boxes. / Step-down line 4 into 5 & Divert run-off away from and off of system area

Comments:/Conditions:

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 9-13-06 Installed by: Jason Hyatt

Improvement Permit by: ____ R.S. date 8 Sept. 06 Operation Permit by: ____ date 12 Months

Authorization to Construct by: ____ R.S. date 8 Sept. 06 Existing System Inspection by: ____ date ____

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