IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 3777-64-1332 DATE 6/28/04

OWNER OR CONTRACTOR Effie M. Queen PHONE: Business _____ Home _____

ADDRESS 162 Calhoun Rd Stony Point N.C. 28678

LOCATION N.C. 90 West to Stony Point (R) Calhoun Rd, House on right @ 162 Calhoun Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS P5 DESIGN FLOW 240 L.T.A.R. .30 20%R2

Septic Tank: Existing Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 145
No Lines 3 Trench Width 36" Max Trench Bottom Depth — Gravel Depth 18"

☐ New System ☒ Repair System Type: I (II) III, IV, V, VI
System Description: _____
Repair System Description: Gravity Conventional
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees _____
☐ Other _____

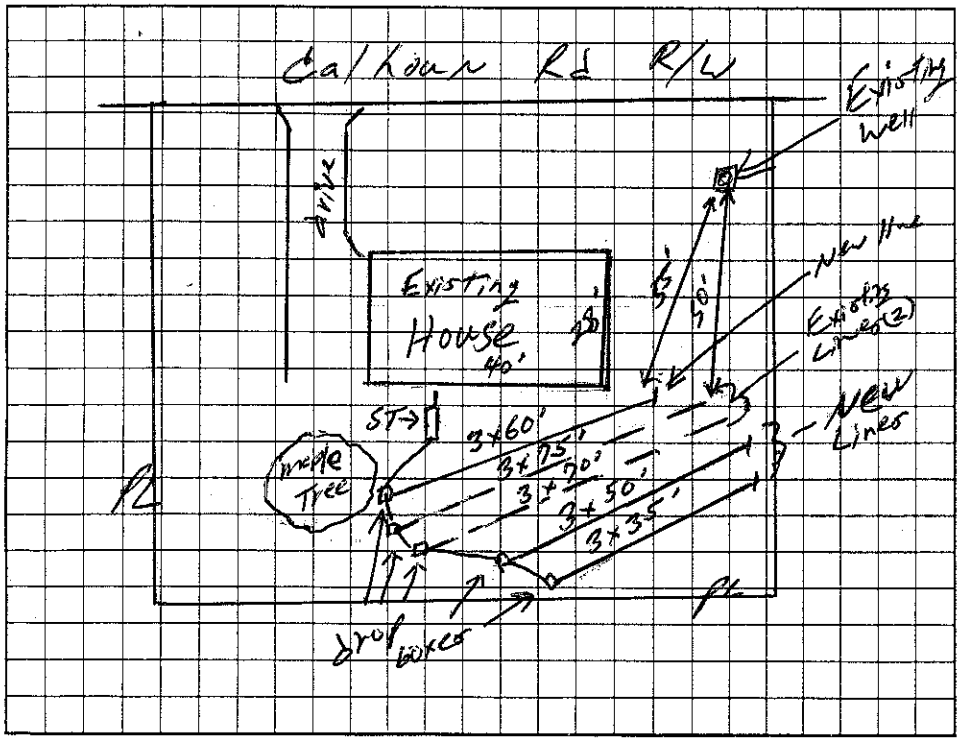
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☒ Public
☐ Community

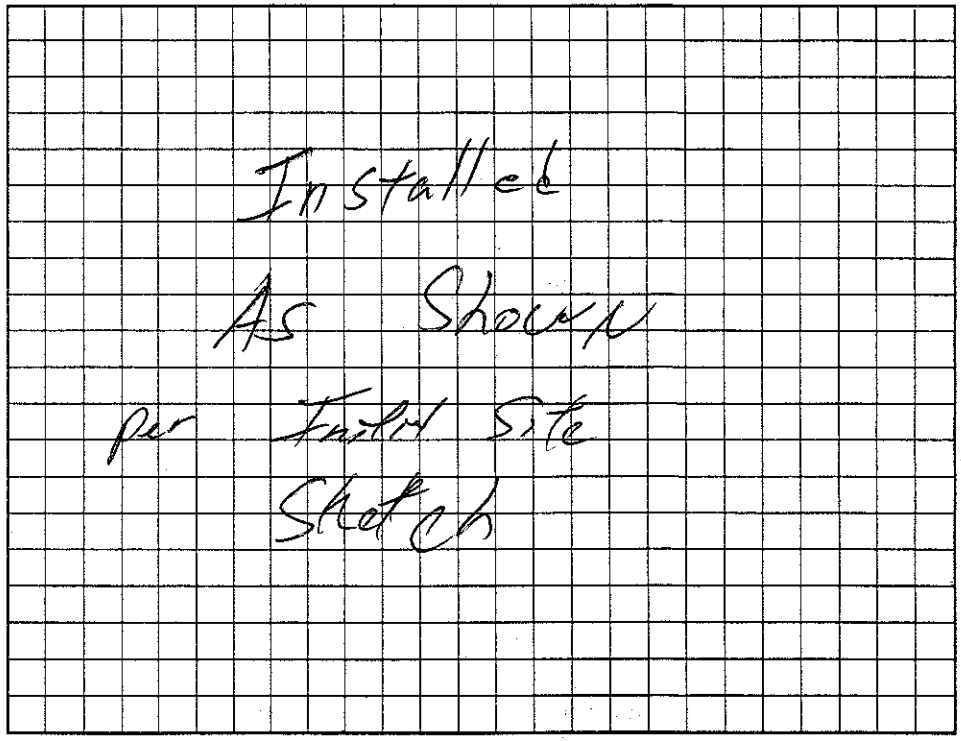
Comments:/Conditions: (1) Remove existing Maple Tree (2) Pump out Septic Tank; Replace Septic Tank if needed (3) Replace distribution devices if needed (4) Add three (3) new lines w/18" of gravel (5) Call Health Dept before starting repairs.

Comments:/Conditions:
Replace dist. devices as shown

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 6/28/04 Installed by: Sammy Rewis

Improvement Permit by: William O. Johnson date 6/28/04 Operation Permit by: William O. Johnson date 7/22/04

Authorization to Construct by: William O. Johnson date 6/28/04 Existing System Inspection by: _____ date _____

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