IREDELL COUNTY HEALTH DEPARTMENT

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

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

175.00 ck

PERMIT# 101044 PIN# 3797 72 0054 DATE 10/15/01

OWNER OR CONTRACTOR ANDREAS KAZAKOS PHONE: Business _____ Home _____

ADDRESS 534 TAYLORSVILLE HWY. STATESVILLE NC 28625

LOCATION OLD 90 WEST. # 5119 ~~FORBES SHORE HWY~~ TAYLORSVILLE HWY STONY POINT. NC 28678

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 2.371 SITE CLASS AS DESIGN FLOW SEE BLK'D PLAN

Septic Tank: 1000 Gallons; STB 1012 Date 8/10/01

~~Pump Tank~~ GREASE TRAP 1000 Gallons; ~~RDTS~~ 1012 Date 8/10/01

Pump Make. _____ Model _____ Serial No _____

Nitrification Field: No Fields 2 Square Feet 2016 Linear Feet 672

No Lines 8@84' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type I, II, III, IV, V, VI

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: [ ] Yes [ ] ~~No~~

[ ] House/Mod. Home No. Bedrooms ____

[ ] Mobile Home No. Bathrooms ____

[X] Business No. Employees ____

[ ] Other _____

[X] Slab [ ] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] ~~Public~~ [ ] Community

Comments/Conditions:

Comments/Conditions:

INITIAL SITE SKETCH

SEE BLK BARRINGERS PLAN

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 10/15/01 Installed by: TOMMY COTHEAN

Improvement Permit by: C. Sykes HS date 10/15/01 Operation Permit by: C. Sykes HS date 10/16/01

Authorization to Construct by: C. Sykes HS date 10/15/01 Existing System Inspection by: _____ date _____

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