IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 095254 PIN# 4615912264 DATE 4/29/2002

OWNER OR CONTRACTOR Junior & Judy Hunt PHONE: Business 663-1941 Home 309-4301 Dare

ADDRESS 4147 Walker Rd Charlotte, NC 28211 448

LOCATION Brawley School Rd (past The Point) TR Stonemarker pass Fawn Ct on left across from Stonemarker

SUBDIVISION Stonemarker BLOCK / SECTION ____ LOT 22 LOT AREA ~.92 Acre SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 4/13/02

Pump Tank: " Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: Gravity - Innovative

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other ____

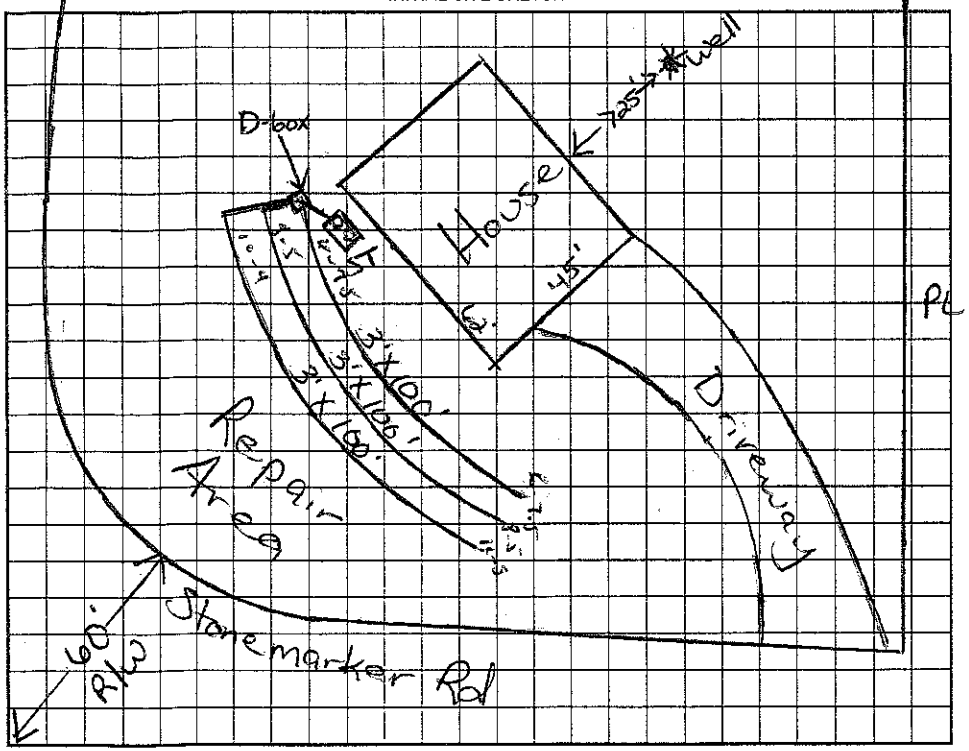
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions: Scale 1:50

PL 220

INITIAL SITE SKETCH



Comments:/Conditions: Keep Septic System at least 10' from PL. Okay to use Dist. box or "Drop boxes." Infiltrator chambers installed.

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: [signature] date 4/30/02 Installed by: Curt Dunning

Improvement Permit by: Maria H. Dotson RS date 4/29/2002 Operation Permit by: Wesley Sparks R.S. date 5/15/02

Authorization to Construct by: Maria H. Dotson RS date 4/29/2002 Existing System Inspection by: ____ date ____

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