IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid H.05 C.00 MOORESVILLE 704-664-5281

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

PERMIT# 090417 PIN# 4624193131 DATE 12-9-2002

OWNER OR CONTRACTOR Steve Hankins PHONE: Business 578-5112 Home 663-6725

ADDRESS 491 Stonemarker Rd. Mooresville, NC 28117

LOCATION Brawley School Rd TR Stonemarker TL Blarney TR. Stonemarker 2nd lot on left

SUBDIVISION CL-9 T J BLOCK / SECTION 6 LOT 175 LOT AREA .83 Acre SITE CLASS. B5 DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7-24-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'
No Lines 4 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: Pump - Panel Blk
Maintenance Agreement Required: [ ] Yes [X] No
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

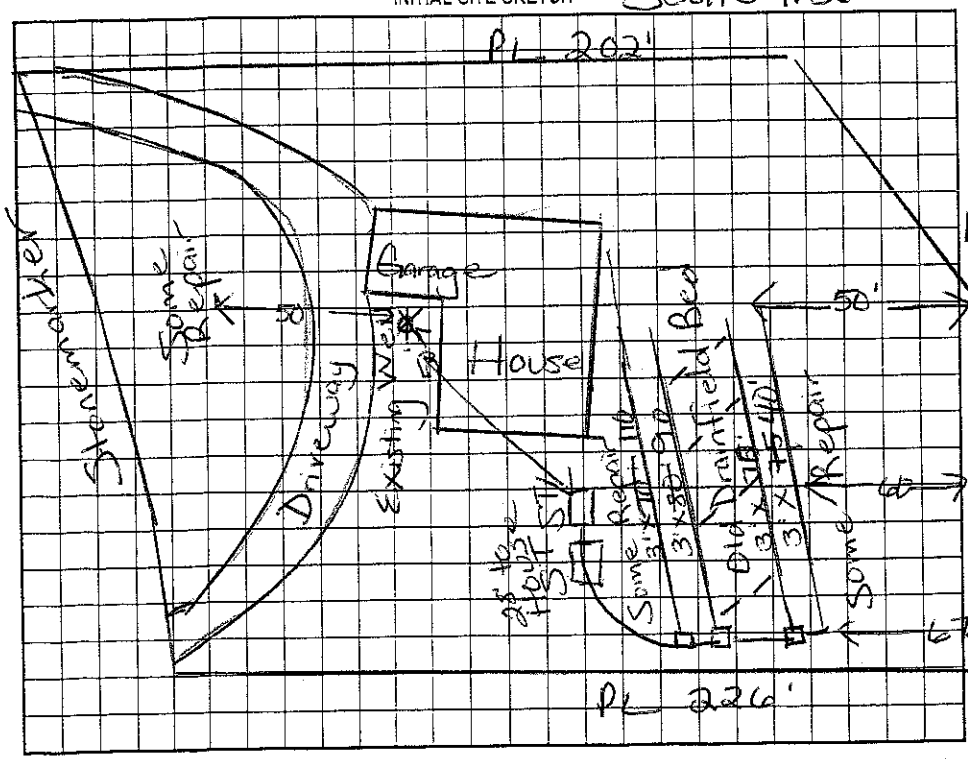
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees ____
[ ] Other ____

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

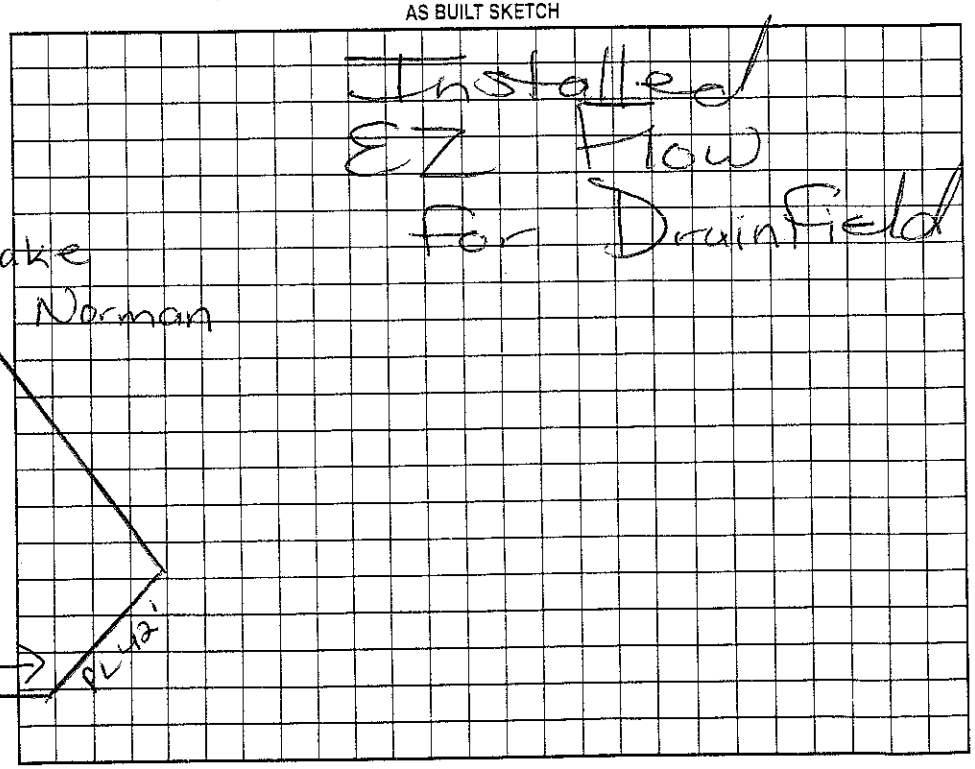
Comments:/Conditions: Note: Keep New drainfield out of Old Drainfield bed. Keep Septic System at least 10' from PL & 50' from lake & 50' from any well.

Comments:/Conditions: Green filter installed. Upper lower
4 lines: 10', 90', 70', 40'
63' to well from ST.

INITIAL SITE SKETCH Scale 1:50



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 12/18/02 Installed by: Larry Henkle RS

Improvement Permit by: Maria H. Dolson R.S. date 12/9/02 Operation Permit by: Maria H. Dolson date 8/18/03

Authorization to Construct by: Maria H. Dolson R.S. date 12/9/02 Existing System Inspection by: ____ date ____

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