4:15

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 164478 211162 PIN # 4626-62-0509 DATE 1-6-10

OWNER or APPLICANT W.S. STOKES PHONE: Business 760-607-4073 Home:

OWNER or APPLICANT ADDRESS 6334 EAGLENEST LN FT. WAYNE, IN 24814

LOCATION / DIRECTIONS BSR, SOUTHFORK, 326

SUBDIVISION CLET BLOCK / SECTION 8 LOT # 60 LOT AREA .987AC DESIGN FLOW 480 L.T.A.R. .25

Septic Tank 1000 Gallons: STB 524 Date 8-10-15

Pump Tank ____ Gallons: PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 8 Linear Feet 330'

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth 16" SAND ☒ GRAVITY ☐ PRESSURE

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

System Description: PANEL BLOCK

Repair System Description: SAME

Maintenance Agreement Required ☐ YES ☒ NO

☒ Residence No. Bedrooms 4 ☐ Business No. Persons ____ ☐ Other No. Employees ____

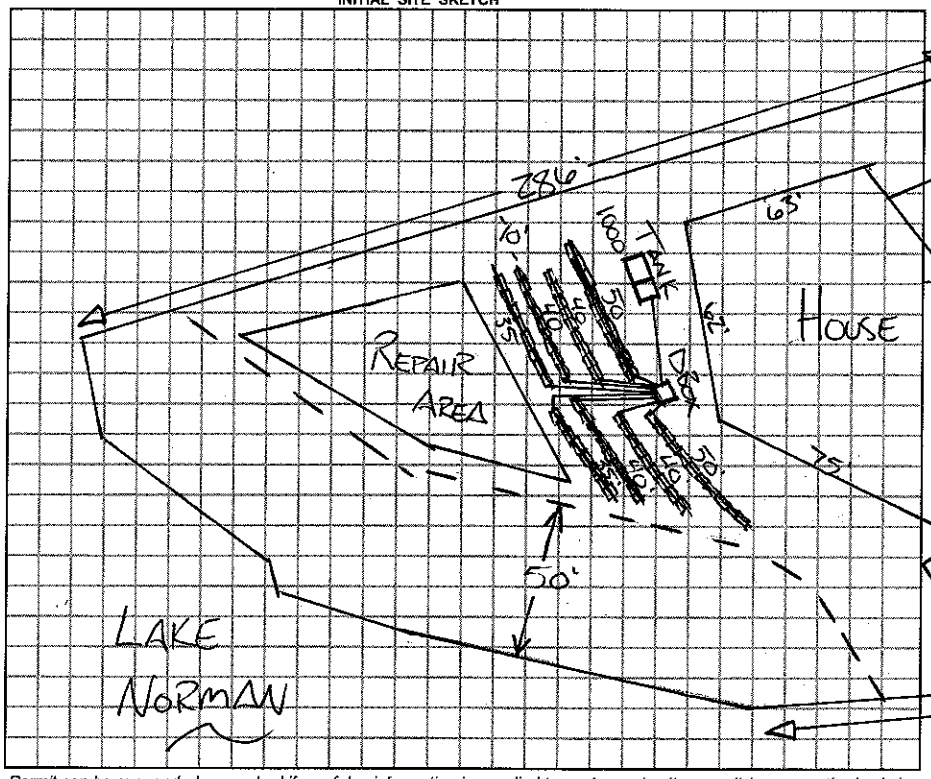
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions ① 10' SETBACK OFF OF BASEMENT ② USE SPEED LEVELERS TO CONTROL FLOW ③ RECOMEND 50' SETBACK BEFORE INSTALLATION

Comments / Conditions 6/29/15 Renewed Floor plans, in Compliance With I.P

INITIAL SITE SKETCH

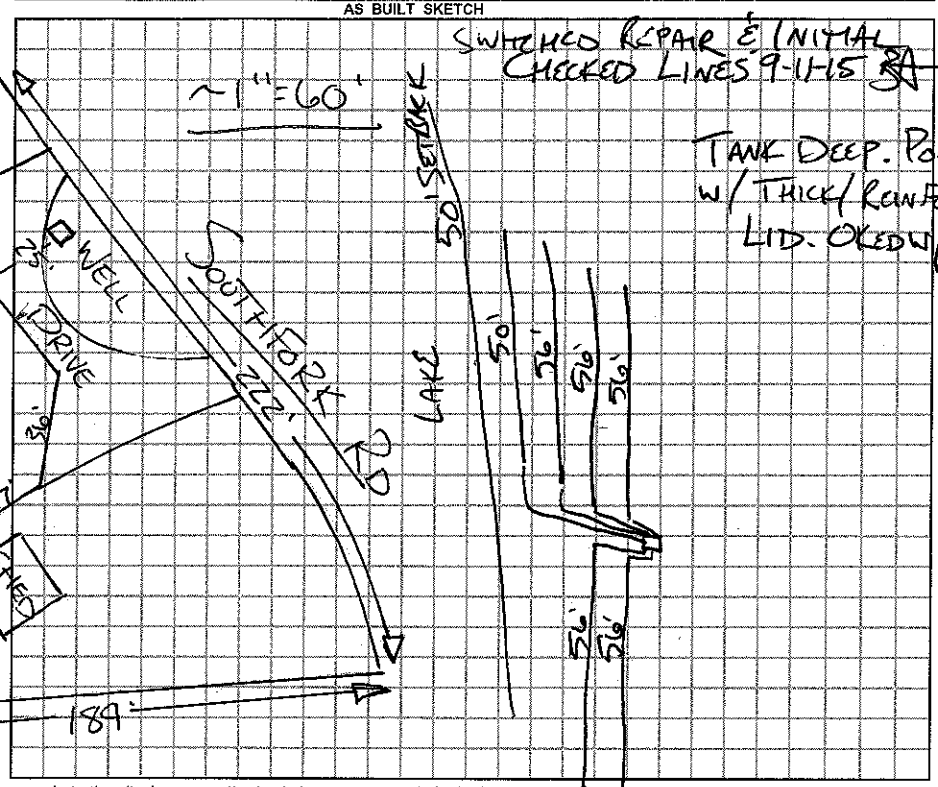


AS BUILT SKETCH

SWITCHED REPAIR & INITIAL CHECKED LINES 9-11-15 BA

~1"=60'

TANK DEEP. POURED W/ THICK REINFORCED LID. OKED W/ TRISH



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 w / plat valid without expiration.* ☒ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 1-13-11

Improvement Permit by: [signature] REHS Date 1-6-11

Authorization to Construct by: [signature] REHS Date 6/29/15

Installed by: SPECIALTY SEPTIC

Operation Permit by: [signature] Date: APPROVED SEP 15 2015

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant