IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 250.00 Pd MOORESVILLE 704-664-5281

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

PERMIT# 100998 PIN# 4626 69 3645 DATE 11/19/01

OWNER OR CONTRACTOR Stanley D. Adams PHONE: Business _____ Home 704-263-5586

ADDRESS 121 Dutchmen Dr. Mt Holly, NC. 28120

LOCATION 1100 TR McKendree TR Greenhopper Cir, straight on (R) # 439

SUBDIVISION CL+T BLOCK / SECTION 8 LOT 463 LOT AREA 1 ~1.08 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. <3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 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 3' Max Trench Bottom Depth 3' Gravel Depth No

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

System Description: PM - EZFLOW ORCH. PLASTIC

Repair System Description: 16" PPBPS

Maintenance Agreement Required: [ ] Yes [X] No

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

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees _____

[ ] Other _____

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

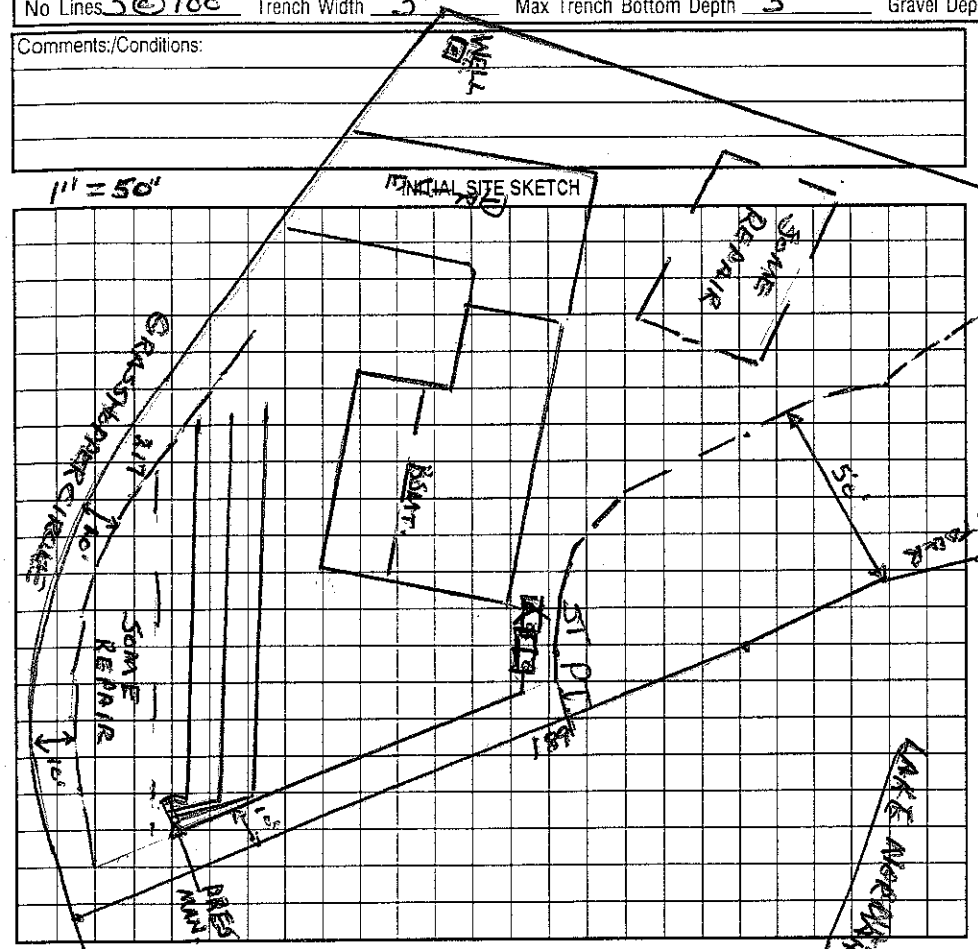
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions:

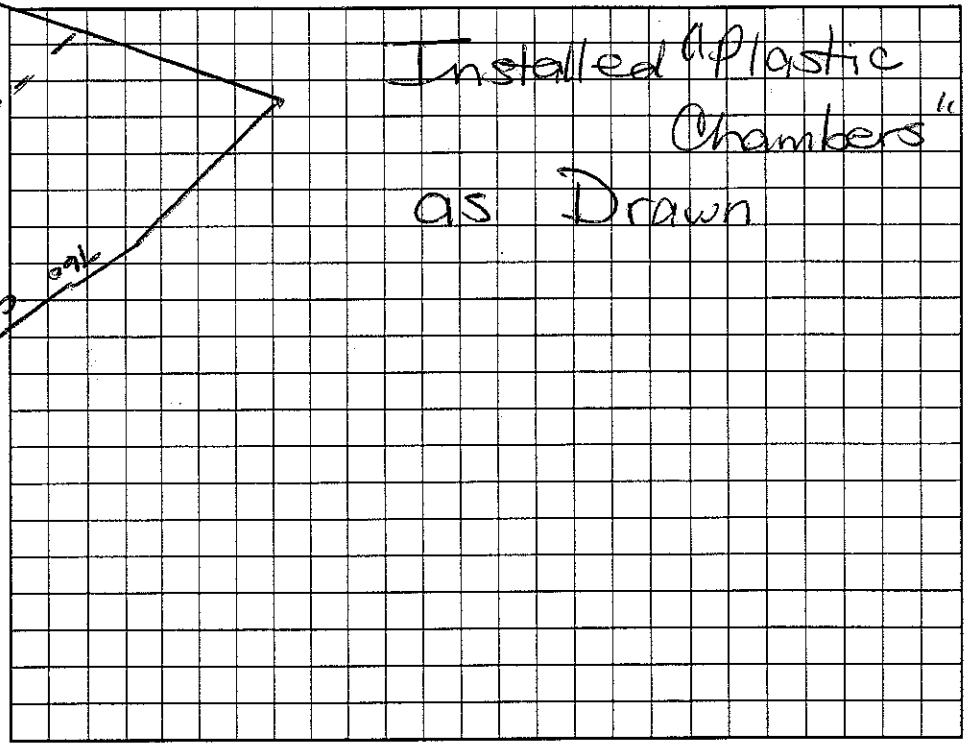
Comments:/Conditions: Checked tanks & lines 4/3/2002
Press. Elect. & Alarm 5/1/2002

1" = 50'

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: Stanley Dean Adams date 11/19/01

Improvement Permit by: Wesley Sparks R.S. date 11/19/01

Authorization to Construct by: Wesley Sparks R.S. date 11/19/01

Installed by: Richard Abernathy

Operation Permit by: Maria H. Hall R.S. date 5/1/2002

Existing System Inspection by: _____ date _____

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