IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074554 PIN# 4639173670

OWNER OR CONTRACTOR Emily Stimson PHONE: Business _____ Home _____ DATE 7-14-98

ADDRESS 260A Scout Johns Pl Winston Salem

LOCATION 350 Apache Rd Perth Church TR State Pk TL Morrison Farm TL Apache Iston (12)

SUBDIVISION Lot sec 18 BLOCK / SECTION _____ LOT 47 LOT AREA .74ac SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields [X] Square Feet _____ Linear Feet 360ft

No Lines 3 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth Sand

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

System Description: Conventional Chamber

Repair System Description: Pump "

Maintenance Agreement Required: [ ] Yes [ ] No

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

[ ] House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Bathrooms 3

[ ] Business No. Employees ____

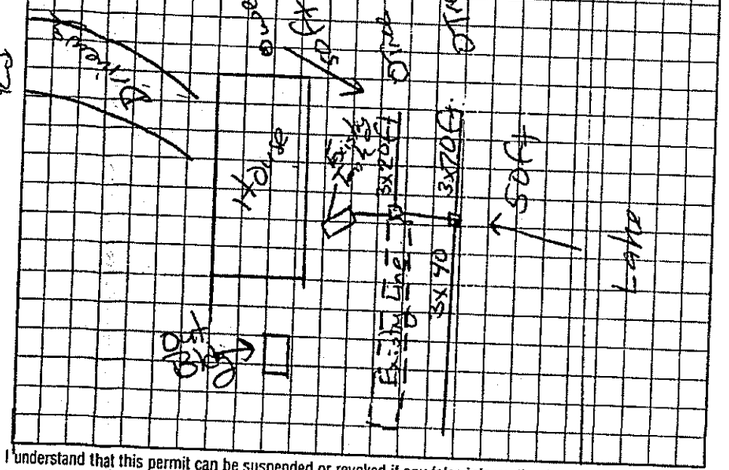
[ ] Other _____

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

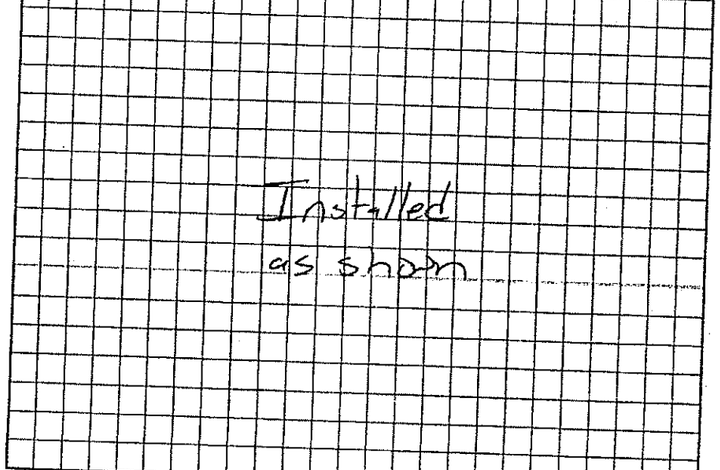
Comments:/Conditions: Addition of Bedroom
Keep 50ft from well + Lake
Keep in contour 9 Acton Cartes

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: Emily Stimson

Improvement Permit by: Mat Coffers date 7-14-98

Authorization to Construct by: Mat Coffers date 7-14-98.

Installed by: Keith Pate Kal Backhoe

Operation Permit by: Mat Coffers date 7-14-98

Existing System Inspection by: _____ date _____

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