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 DATE 7-14-98

OWNER OR CONTRACTOR Emily Stimson PHONE: Business _____ Home _____

ADDRESS 7601 Saint Johns Pl Winston Salem

LOCATION 3501 Apache Rd Perth Church TR State Park TL Morrison Farm TL Apache Loton (10)

SUBDIVISION Cld T sec 18 BLOCK / SECTION _____ LOT 47 LOT AREA .746 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 ☒ Square Feet _____ Linear Feet 80ft

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

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

System Description: Conv Chamber

Repair System Description: Pump "

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

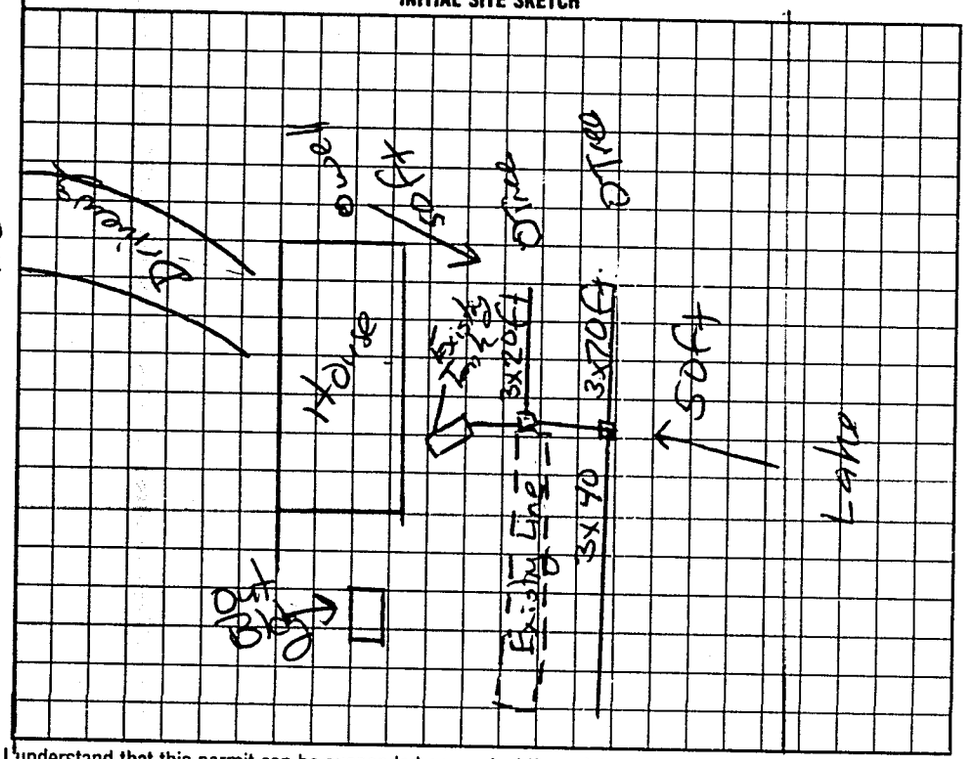
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

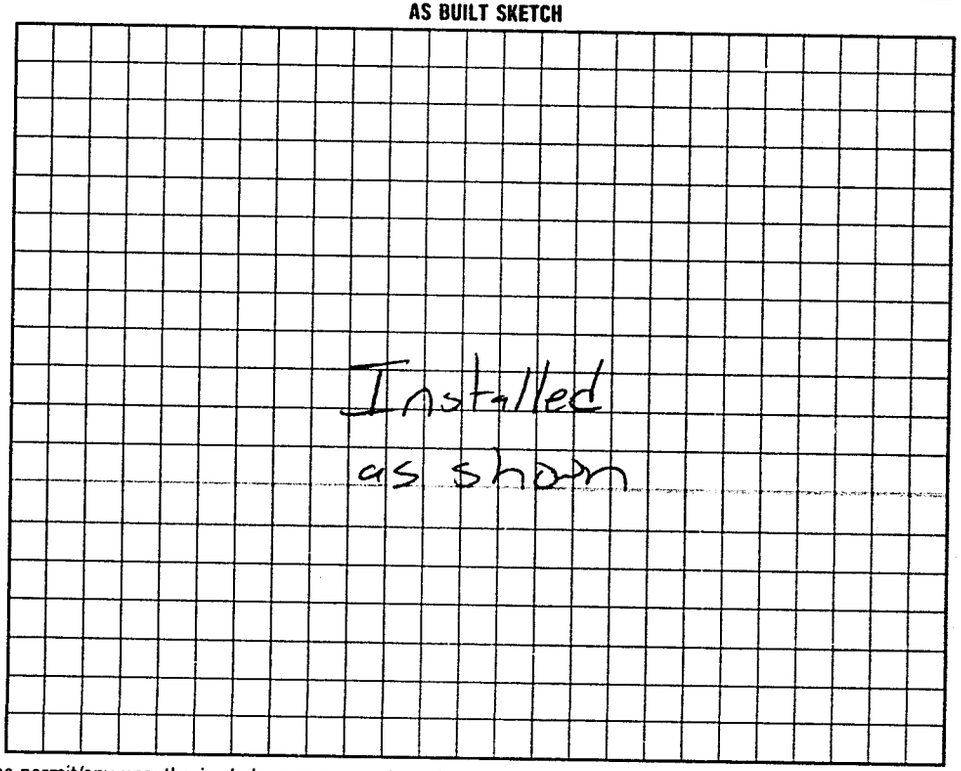
Comments:/Conditions: Addition of Bedroom keep 50ft from well + Lake keep on contour 9 ton cap

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