IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13277 PIN# 4646775779 DATE 9-29-06

OWNER OR APPLICANT Speck Builders Inc (Wesley Stokes) PHONE: Business 704-202-4983 Home 704-857-6622

ADDRESS 1625 Miller Rd China Grove

LOCATION Brawley School Rd TL Gibbs Rd on left

SUBDIVISION Gibbs Cove BLOCK / SECTION ____ LOT 10 LOT AREA .9 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3 gpd/ft2

Septic Tank: 1000 Gallons; STB 825 Date 4/11/06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 34" Gravel Depth NA ☑ Gravity ☐ Pressure

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

System Description: 2590 reduction gravity

Repair System Description: Panel Block gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons 6 No. Employees ____

Water Supply: ☑ Individual ☐ Public ☐ Community

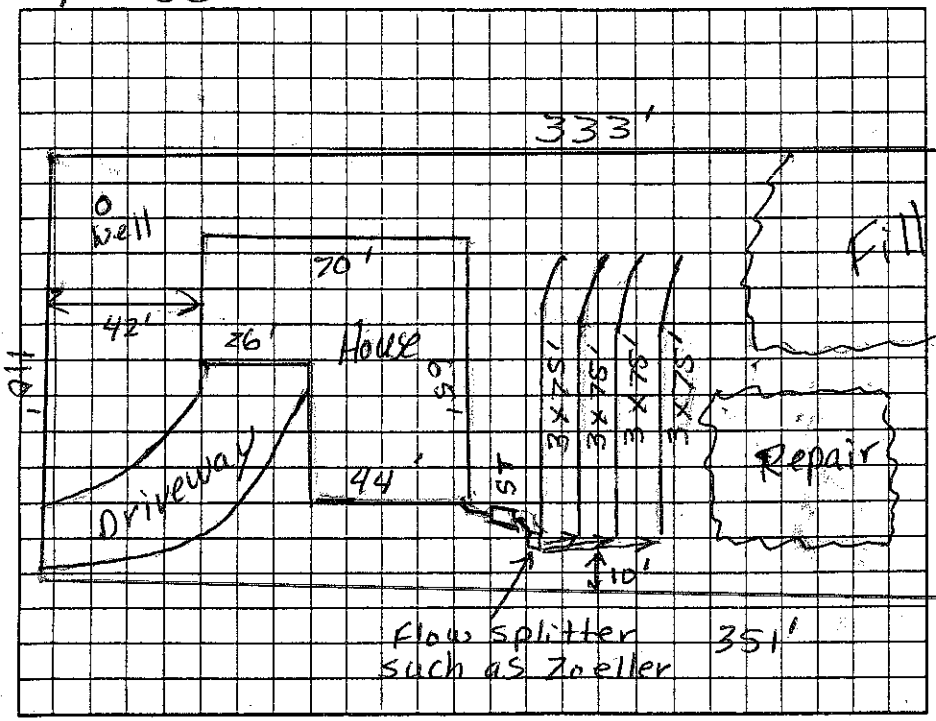
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

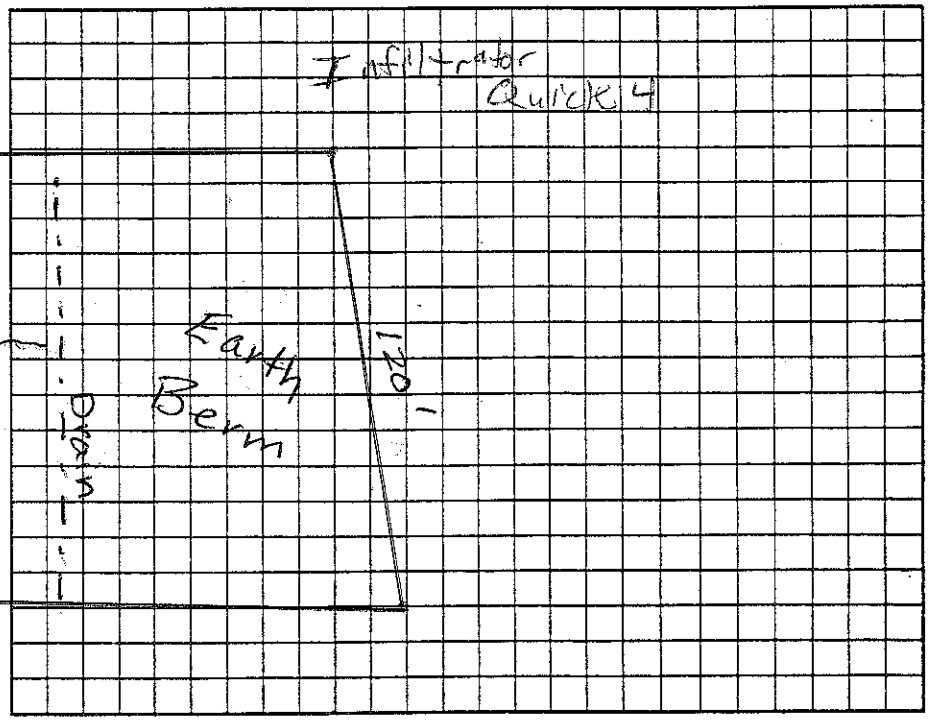
Comments:/Conditions:

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: Mark B Stok date 9/29/06

Improvement Permit by: Jerry Melville date 9-29-06

Authorization to Construct by: Jerry Melville date 9-29-06

Installed by: Rowan Septic

Operation Permit by: ____ PS date 10/4/06

Existing System Inspection by: ____ date ____

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