IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073761 PIN# 4648845229 4648-45-1372 DATE 6/22/98

OWNER OR CONTRACTOR MILESTONE BLDG. PHONE: Business _____ Home 361-1061

ADDRESS 620 SHERWOOD DR. HUNTERSVILLE NC

LOCATION 150W- TR BLUEFIELD - TL BEGINDIAN - TR AGAIN BIG INDIAN - ON LT

SUBDIVISION INDIAN HILLS BLOCK / SECTION _____ LOT 17 LOT AREA — SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 7/17/98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model 756 Serial No. 252

Nitrification Field: No Fields 1 Square Feet ~~1026~~ Linear Feet ~~342~~

No Lines ~~342~~ 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ~~12~~ 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY CONVENTIONAL

Repair System Description: CHAMBERS OR EQ

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other _____

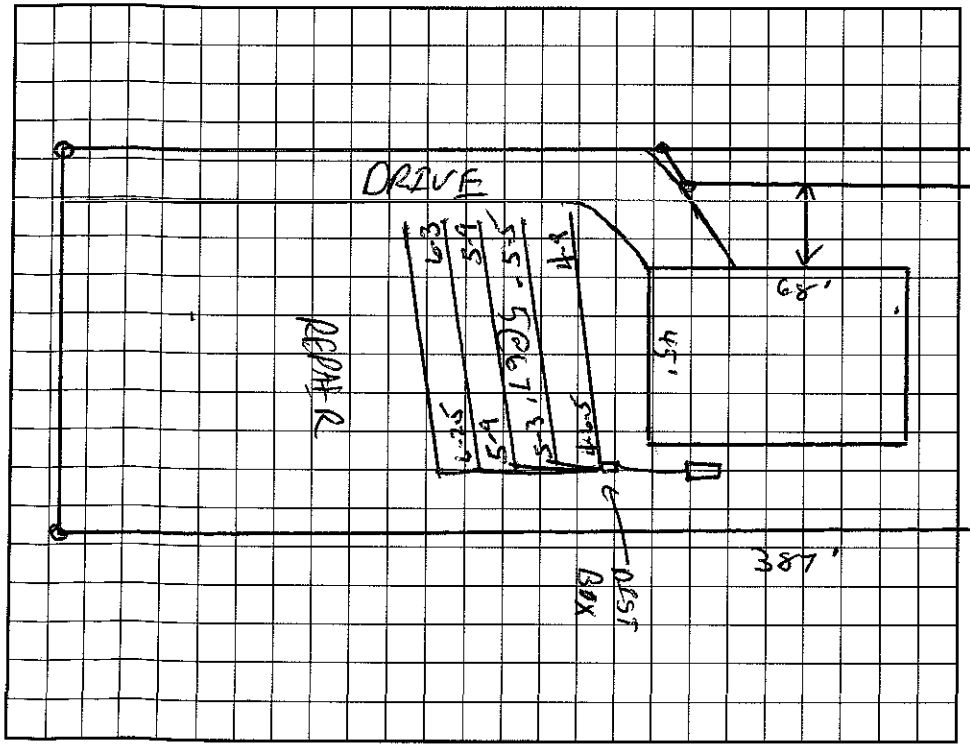
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ~~Individual~~ ☐ Public ☐ Community

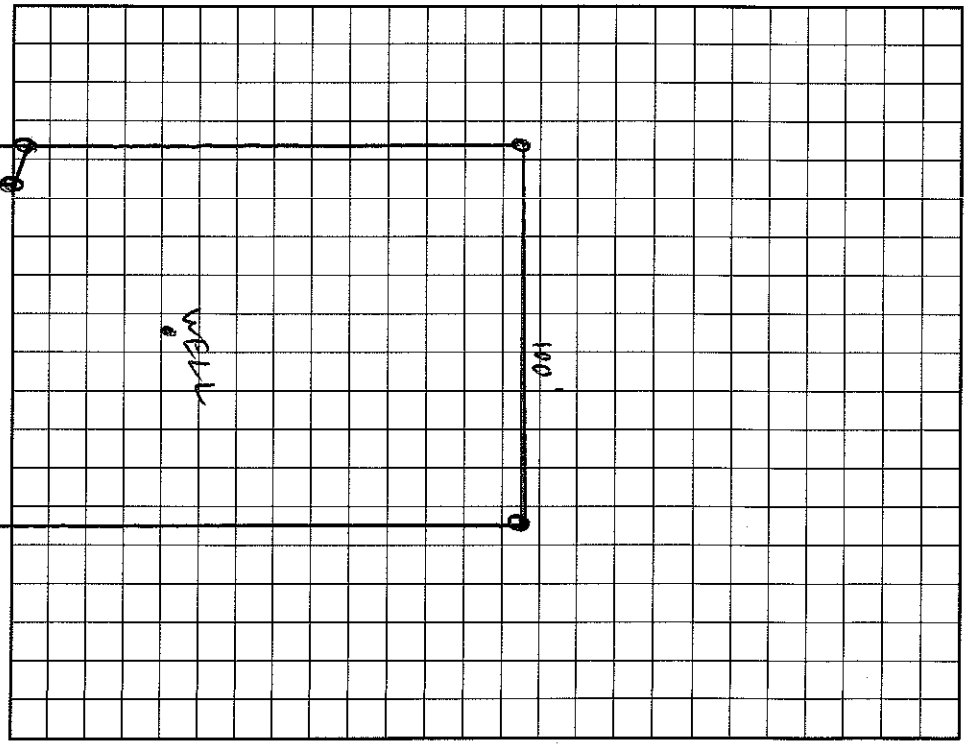
Comments:/Conditions: 252 3 756

Comments:/Conditions: Well was #125

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: Don Lefevers date _____ Installed by: Wayne Clontz

Improvement Permit by: C. Wayne Thomas RS date 6/22/98 Operation Permit by: Wesley Sparks RS. date 9/15/98

Authorization to Construct by: C. Wayne Thomas RS date 6/22/98 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