IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 081003 PIN# ~~4654 78 0975 Pt.~~ 4654 68 3178 DATE 5/26/99

OWNER OR CONTRACTOR Randy Walden PHONE: Business _____ Home 827-7883

ADDRESS 119 Conner Rd. Stanley, NC. 28164 - 289 Presbyterian Rd.

LOCATION 1155 TL Presbyterian Rd. 1 mile on (L), to end of driveway

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA ~2.0AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. ~~.5~~ .3 Acres

Septic Tank: 1000 Gallons; STB 312 Date 5/22/68

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. 400

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet ~~480~~

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

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

System Description: Stanley - Conventional

Repair System Description: None

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3.5

☐ Business No. Employees _____

☐ Other _____

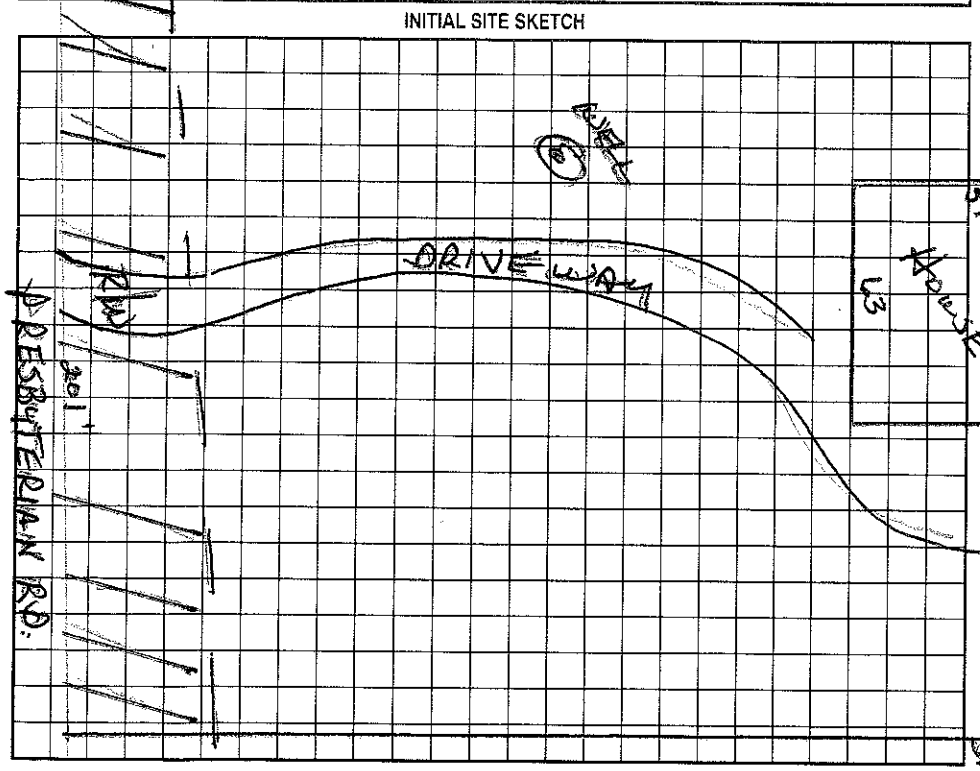
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

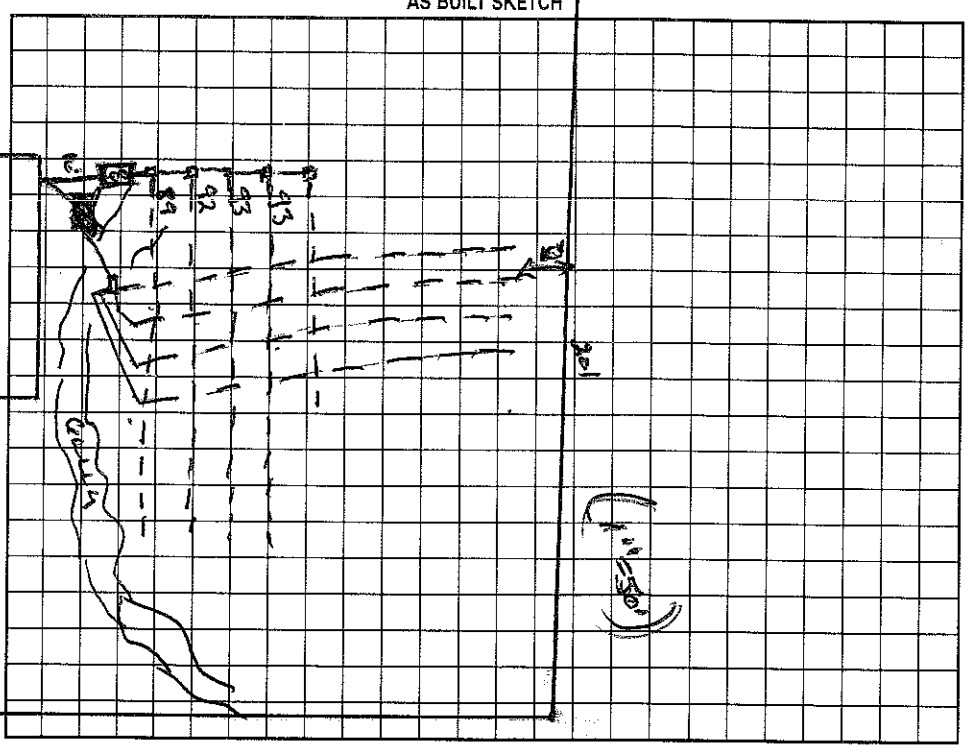
Comments:/Conditions:

Comments:/Conditions: 4 lines = 367' installed - 6/28/00

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: X Randy T. Walden date _____

Improvement Permit by: Wesley Sparks RS. date 5/26/99

Authorization to Construct by: Wesley Sparks RS date 5/26/99

Installed by: Randy Walden.

Operation Permit by: Wesley Sparks RS. date 3/28/01

Existing System Inspection by: _____ date _____

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