IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 087912 PIN# 4706 65 2621 DATE 2-28-00

OWNER OR CONTRACTOR ROBERT ROBERTSON PHONE: Business 585-7735 Home

ADDRESS 321 COUNTY LINE ROAD STONY POINT NC 28678

LOCATION NC 115 NORTH, TL SCOTTS CREEK ROAD, TR BROOMSAGE, 1ST LOT ON LEFT

SUBDIVISION BROOMSAGE BLOCK / SECTION I LOT 1 LOT AREA 0.518 ACRE SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.33 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 7-8-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1440 Linear Feet 360 ±
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% REDUCTION GRAVITY
Repair System Description: 50% REDUCTION GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

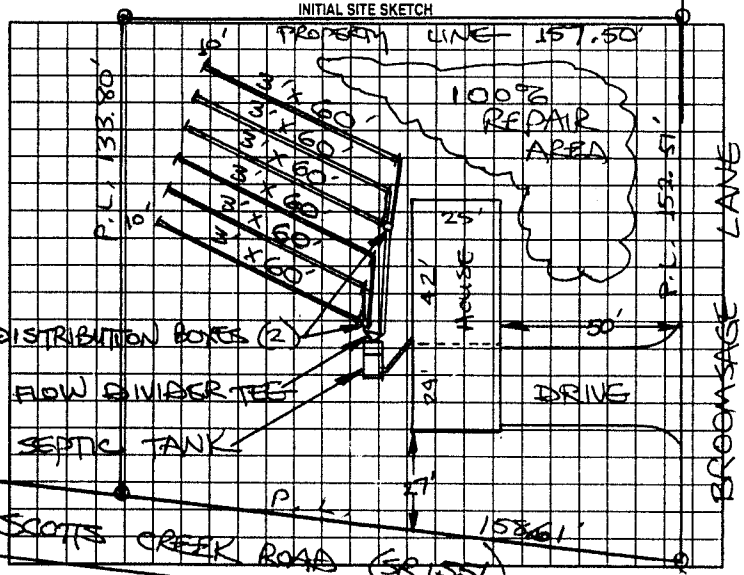
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2.5 No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

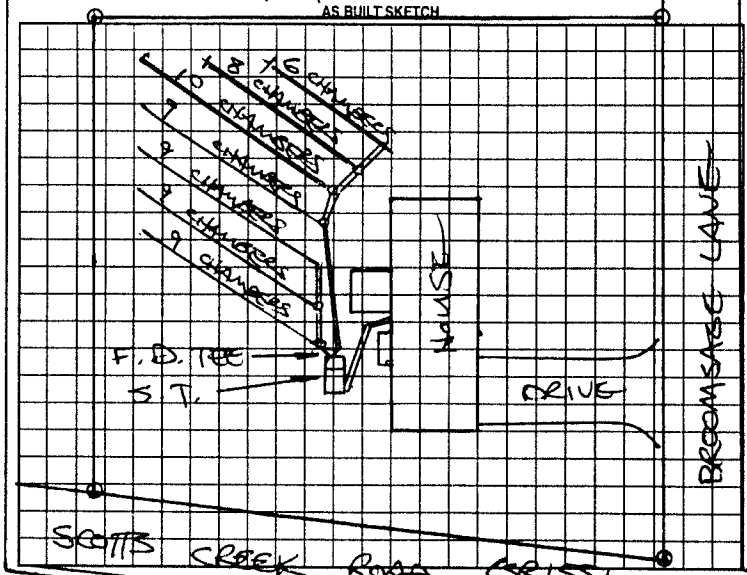
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING SIXTY (60) CHAMBERS (OWNER'S REQUEST) IN SIX EQUAL LENGTH LINES ON CONTOUR AS SHOWN

Comments/Conditions: ① SYSTEM ALTERED AS SHOWN BELOW WITH PRIOR HEALTH DEPT. APPROVAL ② SEPTIC TANK W/ MARKER INSTALLED USING "EASEL" FILTER

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: [signature] date 2-28-00 Installed by: TOMMY COTHREN

Improvement Permit by: STEVE HEDRICK date 2-28-00 Operation Permit by: STEVE HEDRICK date 8-17-00

Authorization to Construct by: STEVE HEDRICK date 2-28-00 Existing System Inspection by: ____ date ____

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