IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101525 PIN# 4706-65-4528 DATE 8-8-01

OWNER OR CONTRACTOR ROBERT ROBERTSON PHONE: Business Home (704) 585-2735

ADDRESS 321 COUNTY LINE ROAD, STONY POINT, NC 28678

LOCATION NC 115 N, TL SCOTTS CREEK ROAD, TR BROOMSAGE LANE, 1ST LOT ON RIGHT

SUBDIVISION BROOMSAGE BLOCK / SECTION ____ LOT 7 LOT AREA 0.514 ACRE SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30

Septic Tank: 1000 Gallons. STB 1012 Date 9-18-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 600/1010 Linear Feet 400+
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

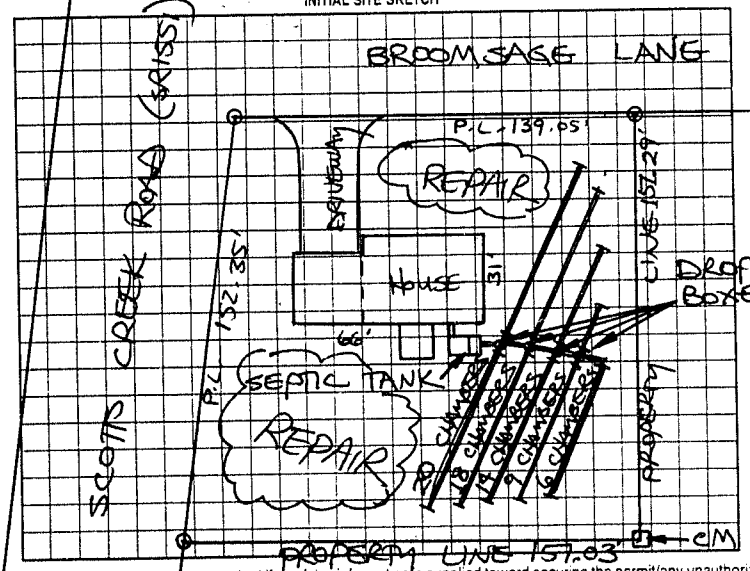
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

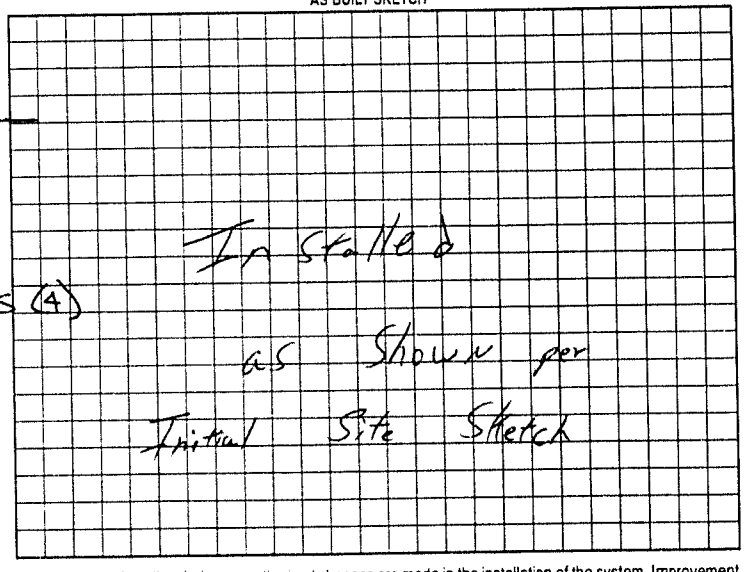
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING SIXTY-SEVEN (67) CHAMBERS OR 10 H.D.S. SECTIONS ON CONTOUR. SCALE: 1"=50'

Comments/Conditions: -67 Infiltrator Chamber Installed -Poly/Lok Filter, Septic Tank Marker Installed

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: ✕ Robert Robertson date 8-8-01 Installed by: Tommy Cothren

Improvement Permit by: STEVE HEDRICK date 8-8-01 Operation Permit by: William O. Johnson date 3/14/02

Authorization to Construct by: STEVE HEDRICK date 8-8-01 Existing System Inspection by: ____ date ____

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