IREDELL COUNTY HEALTH DEPARTMENT

This permit voids previously issued permit dated 8-15-03.

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

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

PERMIT# 14512 PIN# 4707-67-3578 DATE 1/9/04

OWNER OR CONTRACTOR Talmadge Kinney PHONE: Business (704) 585-9041 Home (704) 880-2206

ADDRESS 249 Abner Rd Stny Point N.C. 28678

LOCATION Hwy 115 N ⓛ on Mills Way, ⓡ on Abner Road ~1 mile on Right

SUBDIVISION Quail Point BLOCK / SECTION 2 LOT #3 LOT AREA 2.03 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 3-31-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, ⓘ, III, IV, V, VI
System Description: Gravity, Conventional
Repair System Description: Gravity, Conventional
Maintenance Agreement Required: ☐ Yes ☒ No

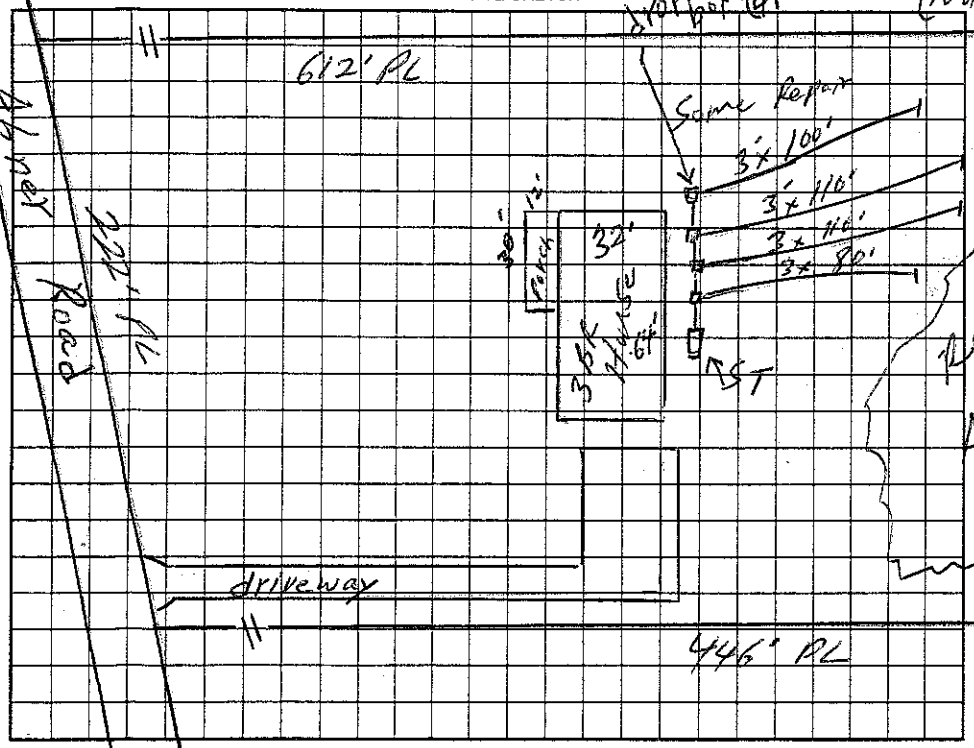
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

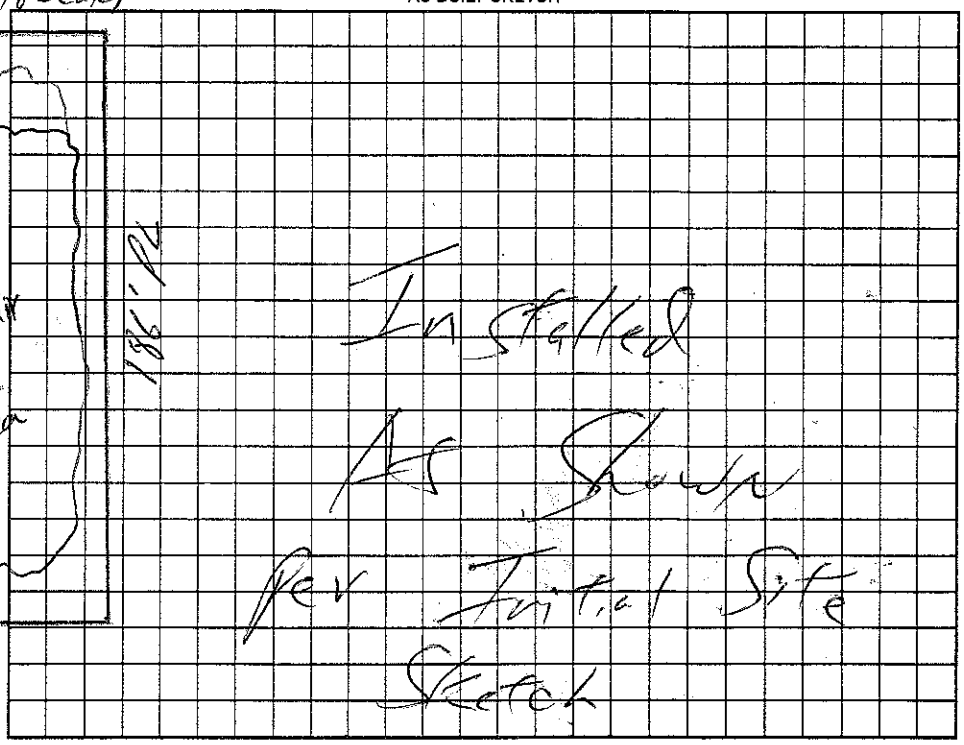
Comments:/Conditions: ① Keep well 100Ft From Septic Area & Repair Area ② Install lines on contour ③ Maintain proper setbacks

Comments:/Conditions: - Tuff-Tite filter Installed. - ST marker Installed

INITIAL SITE SKETCH (Not to Scale)



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: Talmadge Kinney date 1-12-04 Installed by: Ross Wright

Improvement Permit by: William O. Johnson date 1/9/04 Operation Permit by: William O. Johnson date 5/21/04

Authorization to Construct by: William O. Johnson date 1/9/04 Existing System Inspection by: ____ date ____

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