IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088276 PIN# 4707 78 9188 DATE 4-4-00

OWNER OR CONTRACTOR SHANNON W. BOLTON PHONE: Business ______ Home 585-2065

ADDRESS 115 SUE LANE, STONY POINT, NC 28678

LOCATION NC 115 N, TL MIDWAY RD, TR ABNER ROAD, ON RIGHT AT SUE LANE

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 31.99 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 3-1-00

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

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

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other ______

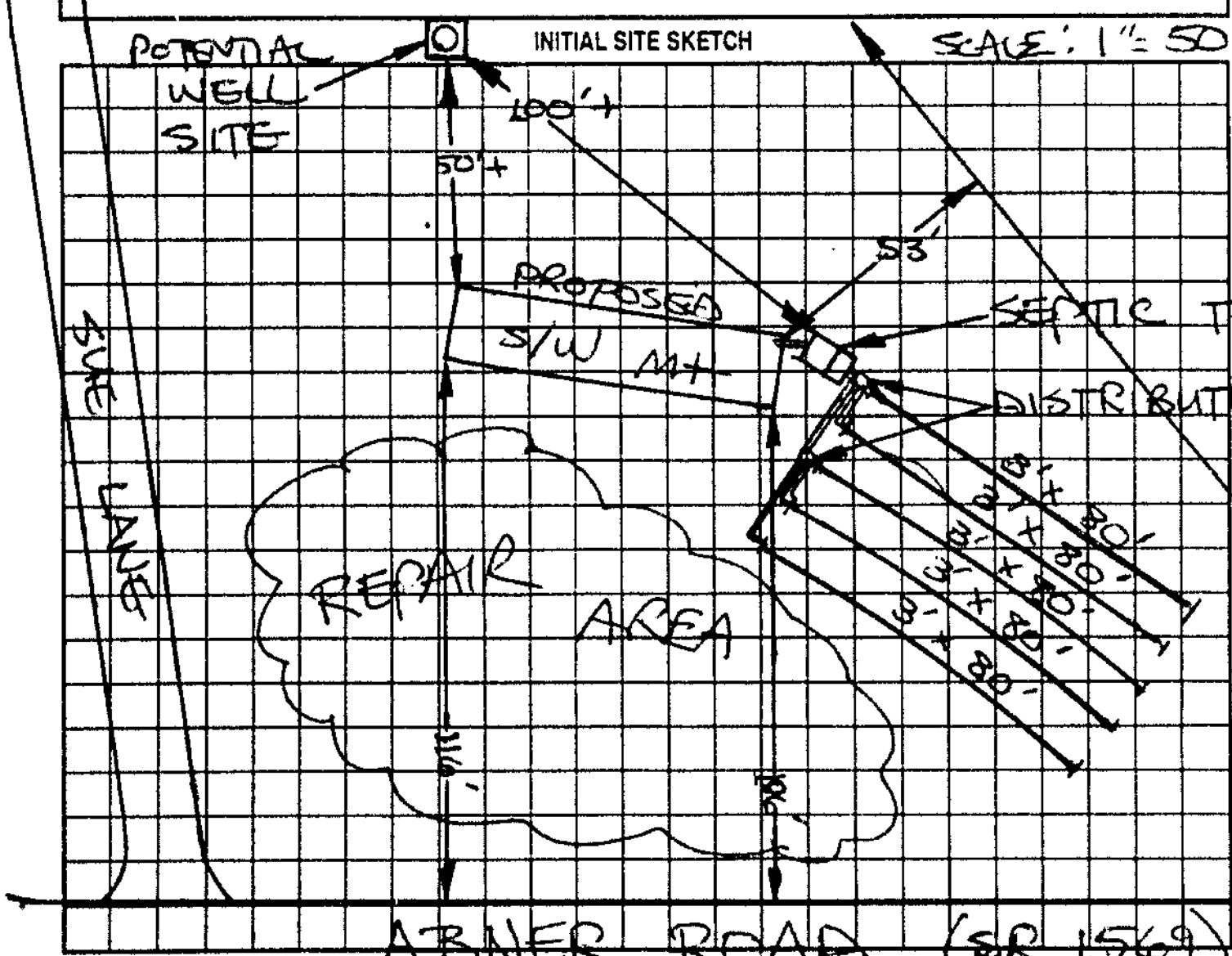
No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

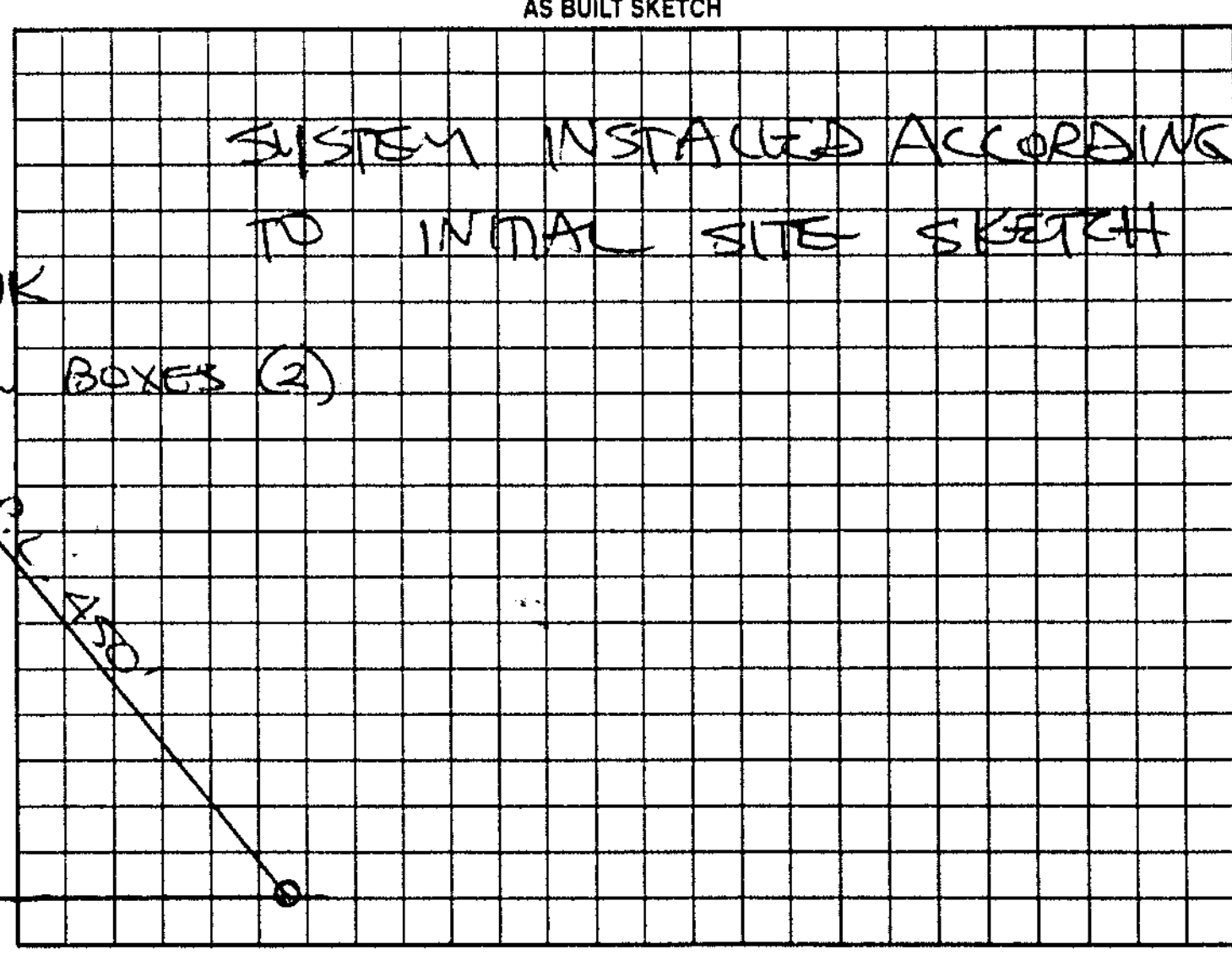
Comments:/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments:/Conditions: (1) SEPTIC TANK W/ MARKER INSTALLED USING "ZABEL" FILTER (2) SYSTEM INSTALLED DURING PERIOD OF WET SOIL CONDITIONS

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 4-4-00 Installed by: SCOTT GREENE

Improvement Permit by: STEVE HEDRICK date 4-4-00 Operation Permit by: STEVE HEDRICK date 4-13-00

Authorization to Construct by: STEVE HEDRICK date 4-4-00 Existing System Inspection by: ______ date ______

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