IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89395 PIN# 4708465342 DATE April 13 2000

OWNER OR CONTRACTOR Shelia Head PHONE: Business _____ Home 585 9694

ADDRESS 114 Ridge Meadow Loop Stony Point

LOCATION Mid Way Road @ Harris Bridge Cross bridge 1st drive Right in Field on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4-10-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

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

System Description: Conv. Gravity

Repair System Description: Stone Reduction

Maintenance Agreement Required: ☐ Yes ☒ No Poss. b/c

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

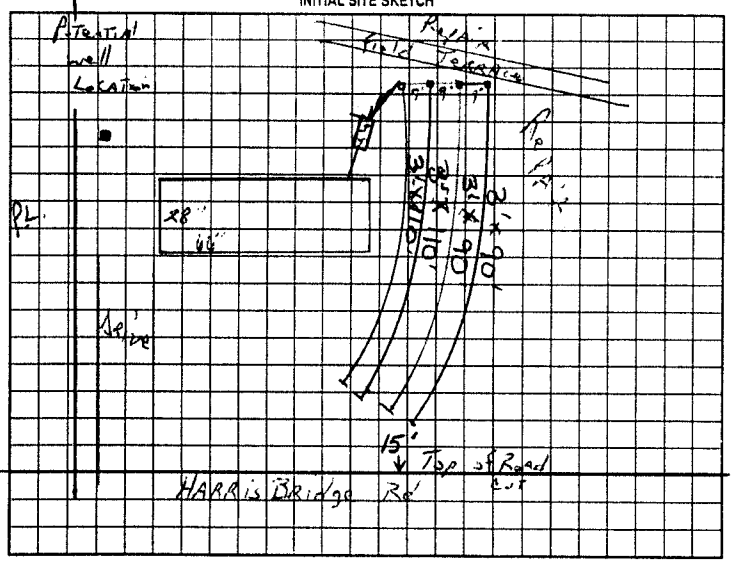
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community Well

Comments/Conditions: INSTALL on CONTOUR LOCATE well 100Ft or MAX feasible distance from SEPTIC (50Ft Min.) SET HOME before INSTALLING SYSTEM. NOT TO SCALE

Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED USING "POLY LOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: _____ date 4-13-00 Installed by: TOMMY COTHREN

Improvement Permit by: _____ date 4/13/00 Operation Permit by: STEVE HEDRICK date 5-19-00

Authorization to Construct by: _____ date 4/13/00 Existing System Inspection by: _____ date _____

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