IREDELL COUNTY HEALTH DEPARTMENT

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

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

CI

PERMIT# 114283 PIN# 4908-73-0364 DATE 8/4/03

OWNER OR CONTRACTOR Heinrich Yang PHONE: Business — Home (704) 585-2364

ADDRESS 136 Yaqi Moonlight Stony Point N.C. 28678

LOCATION US 21, (L) Midway Drive, (R) Harris Bridge Rd (R) W/ Loonner Lane (R) Yaqi Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 3.5 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1028 Linear Feet 350

No Lines 3 Trench Width 36" Max Trench Bottom Depth 4' Gravel Depth 10"

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

System Description: Existing Conv.

Repair System Description: Existing Conv

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home S/W No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

Water Supply: ☒ Individual ☐ Public ☐ Community well

Comments:/Conditions:

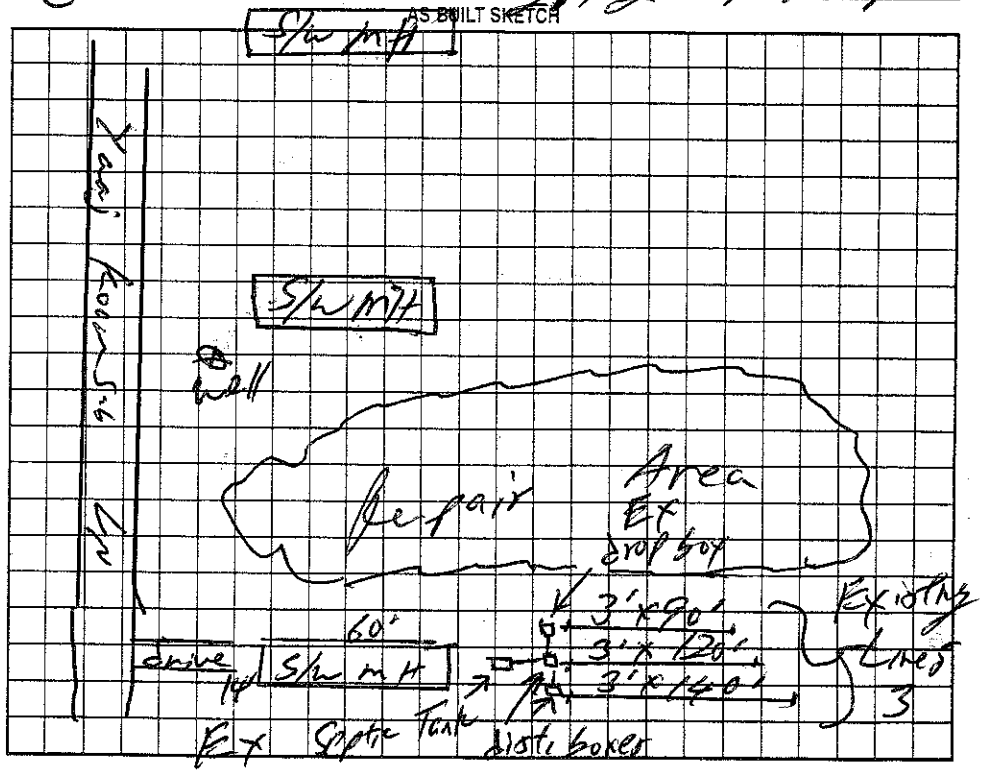
Comments:/Conditions:

Existing System Okay @ time of Inspection

(Ref. Permit # 80100 Yang Yang 8/7/00)

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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: William O. Johnson date 8/4/03

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