IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (@) MOORESVILLE 704-664-5281

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

PERMIT# 126167 PIN# 4713547858 DATE 2/26/05

OWNER OR CONTRACTOR Loy A. Hoke PHONE: Business _____ Home 704-585-9876

ADDRESS 362 Bolick Rd Stony Point NC 28678

LOCATION I40, TL OMR, on Lt just past Celeste-Eutola Rd #1422

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.76Ac SITE CLASS fs DESIGN FLOW 240 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1007 Date 1-4-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 804 Linear Feet 268'
No Lines 4@67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

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

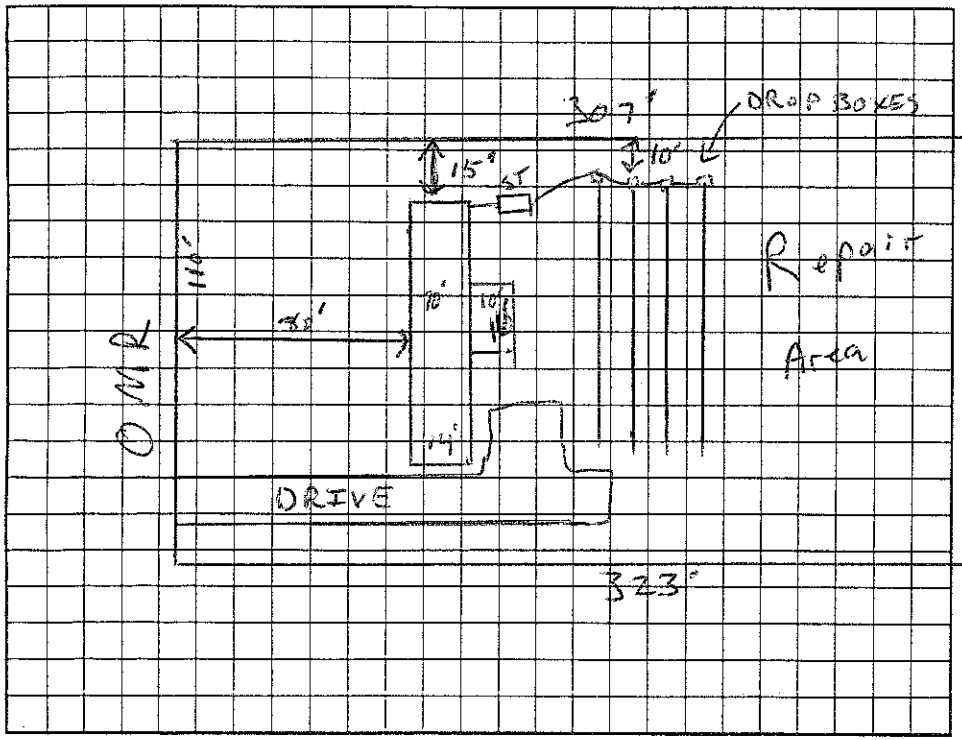
Water Supply:
☐ Individual
☒ Public
☐ Community

Comments:/Conditions:

NOT to Scale

Comments:/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEC" 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: Loy Allen Hoke date 2-26-05 Installed by: A & C GRADING

Improvement Permit by: RS date 2/26/05 Operation Permit by: STEVE HEDRICK date 3-11-05

Authorization to Construct by: RS date 2/26/05 Existing System Inspection by: _____ date _____

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