IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125430 PIN# 4713-54-4807 3836704 DATE 1-4-05

OWNER OR CONTRACTOR LOY A HOKE PHONE: Business 880-0738 Home 704-585-9876

ADDRESS 362 BOLICK RD STONY POINT NC 28678

LOCATION 40 WEST ON SR 2 ON AT BOX # 1418 JUST BEFORE HENKEL SCHOOL

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 1.73 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 11-24-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 5x80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: 60% CONV

Repair System Description: 60% 25% REDUCT

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

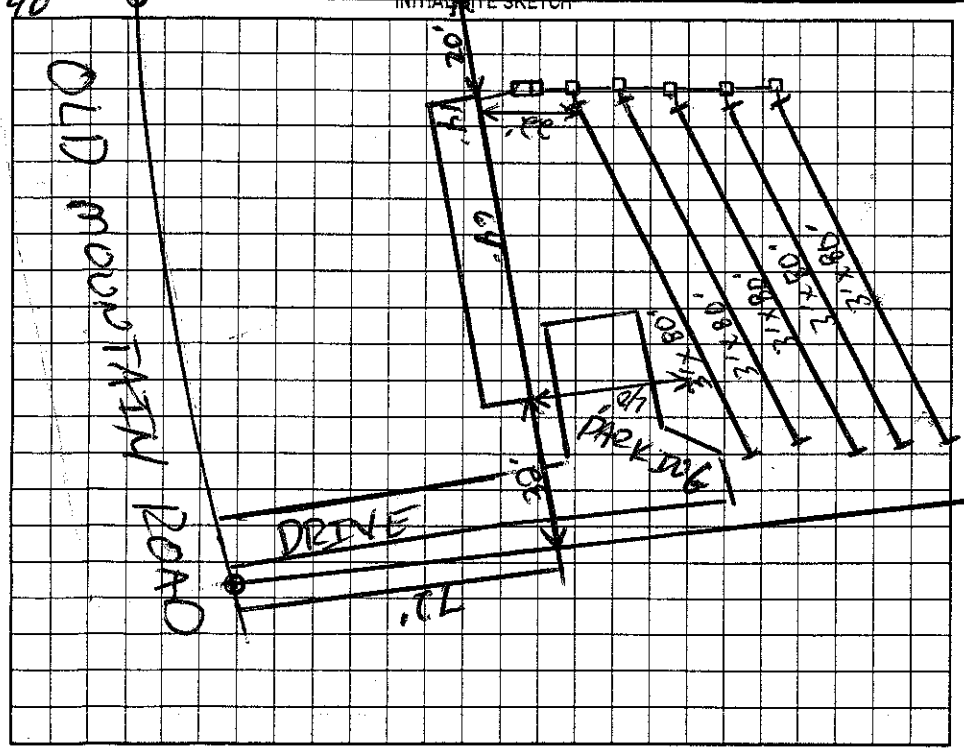
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: (1) INSTALL DRAWLINES IN NATURAL SOIL AND AT 36" DEEP (2) INSTALL LINES ON CONTOURS & MAINTAIN SETBACKS. 12"

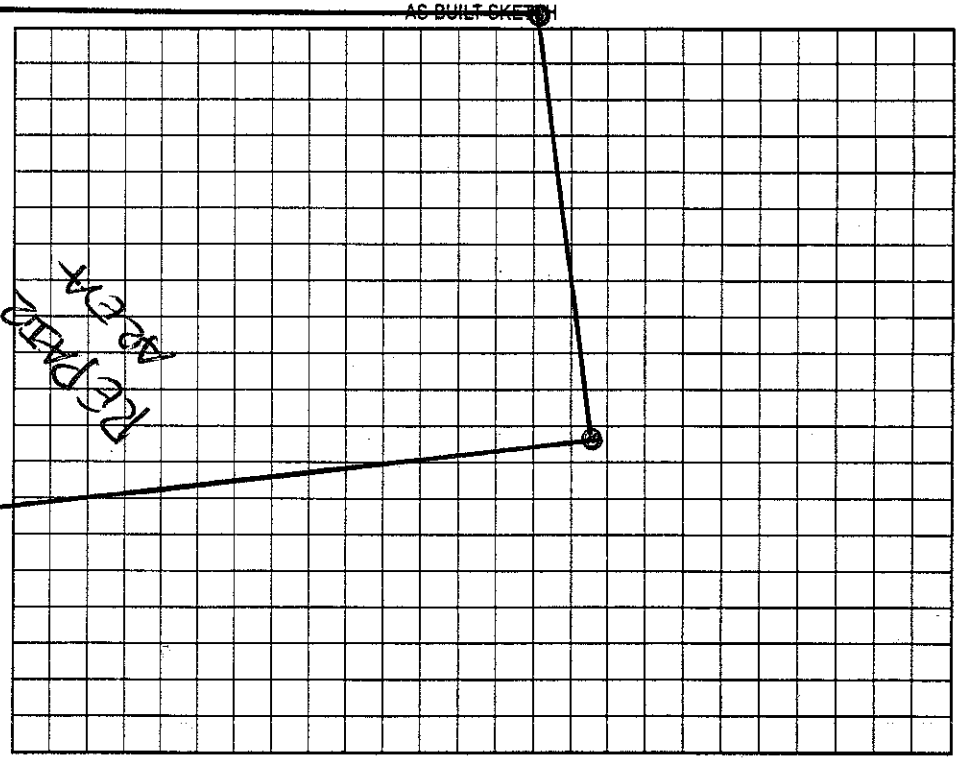
Comments:/Conditions: (3) SIZED SYSTEM FOR 3 BEDROOM & ONLY PUTTING IN 2 BEDROOM. LABEL FILTER & MANIFOLD INSTALLED AS DRAWN

1"=40'

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 1-4-05 Installed by: A+C GRADING

Improvement Permit by: [signature] date 1-4-05 Operation Permit by: [signature] date 1-21-05

Authorization to Construct by: [signature] date 1-4-05 Existing System Inspection by: _____ date _____

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