IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ____ PIN# 4713-54-480756 DATE 9-10-04

OWNER OR CONTRACTOR ALAN L HOKE PHONE: Business ____ Home 704-585-9876

ADDRESS 362 BOLICK RD STONY POINT, N.C. 28678

LOCATION 40 WEST (L) OMR 2ND WHITE FRAME HOUSE ON LEFT PAST LECEST SCHOOL

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 1.73AC SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 5-22-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EX=1200' Linear Feet 300'

No Lines 4x75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAV 25% REDUCT

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

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

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

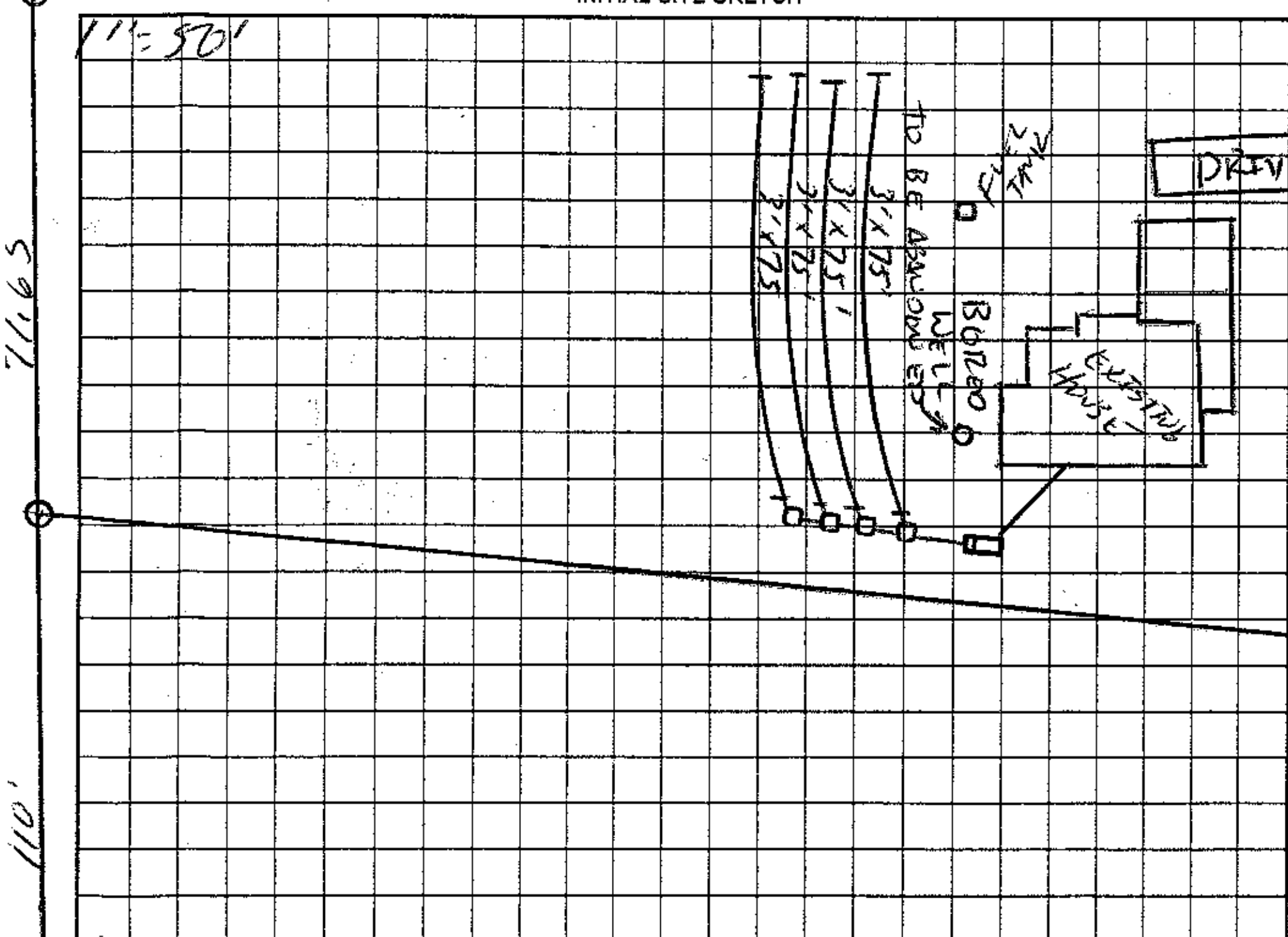
☐ Other ____

Water Supply: ☐ Individual ☒ Public ☐ Community

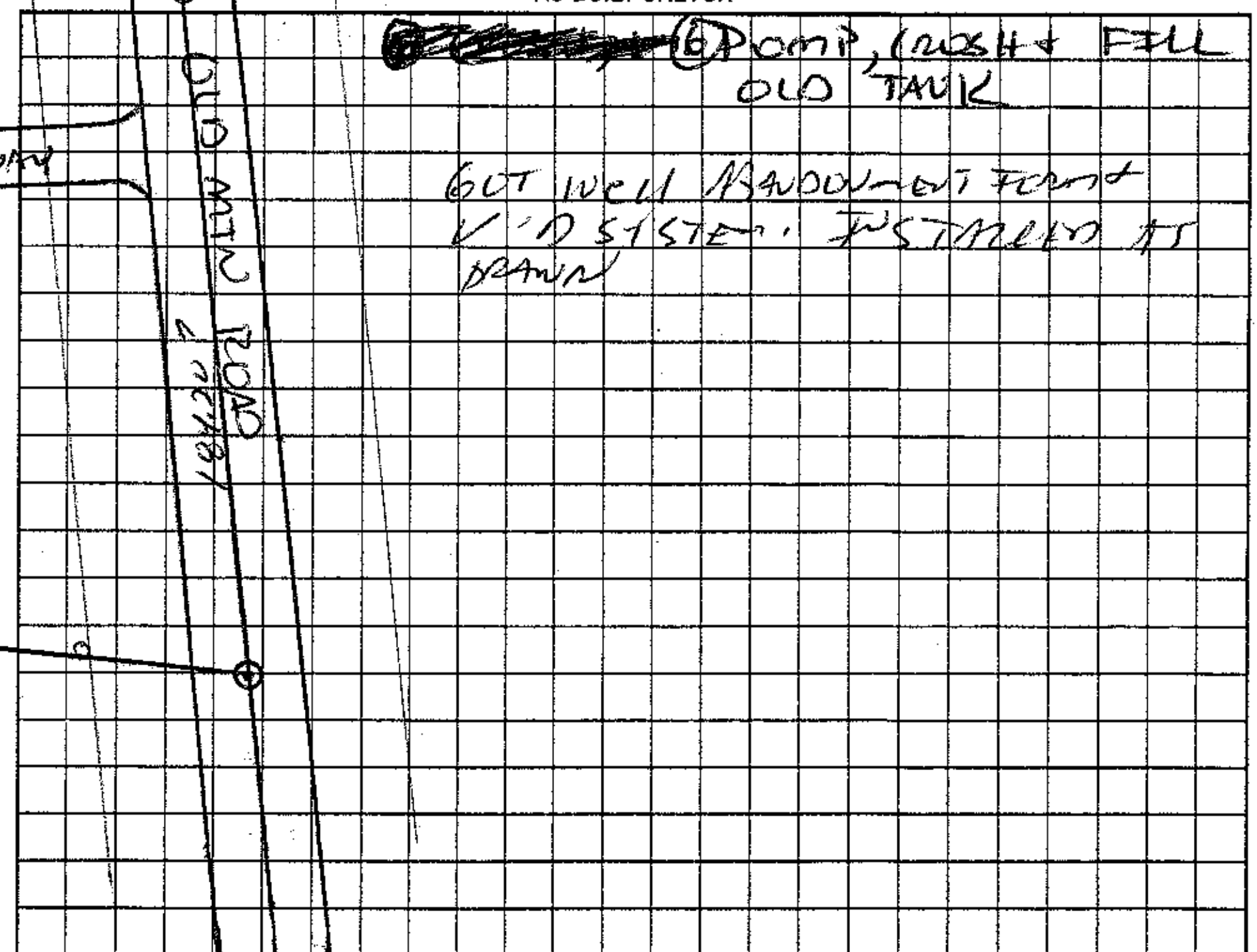
Comments:/Conditions: (1) WELL TO BE ABANDONED BY AC IS SIGNED (2) INSTALL NEW TANK + 4 LINES 75' LONG USING 25% REDUCTION (3) MAINTAIN SETBACKS (4) THIS PERMIT SERVES AS NOTICE OF VIOLATION

Comments:/Conditions: AND MUST BE REPAIRED WITHIN 30 DAYS. (5) SYSTEM IS SIZED FOR A 3 BEDROOM HOUSE AND HOME IS ONLY 2 BEDROOM.

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 9-10-04 Installed by: DALE WINGLER

Improvement Permit by: [signature] RS date 9-10-04 Operation Permit by [signature] RS date 10-5-04

Authorization to Construct by: [signature] date 10-5-04 Existing System Inspection by ____ date ____

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