IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 12-6-96

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. STATESVILLE DATE 8-11-97

OWNER OR CONTRACTOR DONNIE WALKER TAX MAP NO. 6K-9-A-51,52,55(A) / 6K-10-A-10,11 Watershed: ☐ Yes ☑ No

ADDRESS 249 PRESSLY FARM ROAD STONY POINT NC 28678 PHONE: Business 873-1481 Home

LOCATION BRISTOL DRIVE, TL GREENCREST TL CENTRAL DRIVE LOT ON LEFT AT END

SUBDIVISION SHERRILL ESTATES BLOCK / SECTION II LOT 18 LOT AREA 24,261 FT² SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 6-2-97

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300+

No Lines FIVE 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: CHAMBERED GRAVITY

Repair System Description: PUMP / GRAV.

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

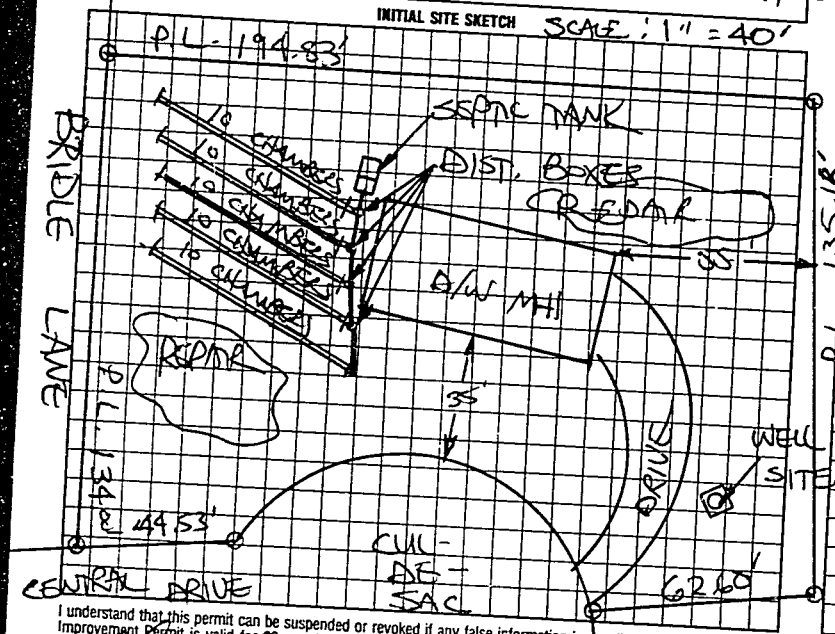
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public WELL

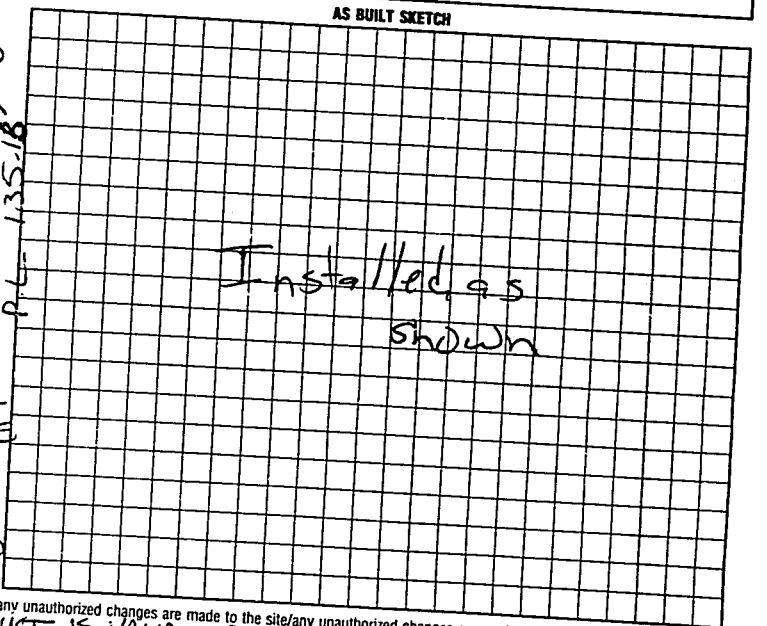
Comments: ① KEEP SYSTEM MINIMUM 100' FROM WELL
② INSTALL 50 (AFPM) CHAMBERS IN FIVE EQUAL LENGTH LINES ON CONTOUR AS FLAGGED.

Comments:

INITIAL SITE SKETCH SCALE: 1" = 40'



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance. AUTHORIZATION TO CONSTRUCT IS VALID FOR 60 MONTHS FROM DATE OF ISSUANCE

Signed: Lyn Bozarth

Improvement Permit by: STEVE HEDRICK date 8-11-97

AUTH. TO CONST.

~~Existing System Inspection~~ by: STEVE HEDRICK date 8-11-97

Installed by: Rick Shook

~~Certificate of Completion by:~~ _____ date _____

Operation Permit by: _____ date 8-15-97

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