IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079052 PIN# 4736709215 (PART) DATE 1-30-99

OWNER OR CONTRACTOR STANDARD BUILDING PHONE: Business Home 585-2211

ADDRESS 202 HARRIS BRIDGE ROAD, STONY POINT, NC 28678

LOCATION NC 115 N, TL SCOTTS CREEK RD, TL MILLER FARM RD, 0.5 MILE ON RIGHT

SUBDIVISION FAWNWOOD BLOCK / SECTION I LOT 7 LOT AREA 0.587 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.80 GPD/SQ FT

Septic Tank: 1000 Gallons; STB 1012 Date 6-19-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36

[X] New System [ ] Repair System Type: [I] II, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: PPBPS, PUMP FED
Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

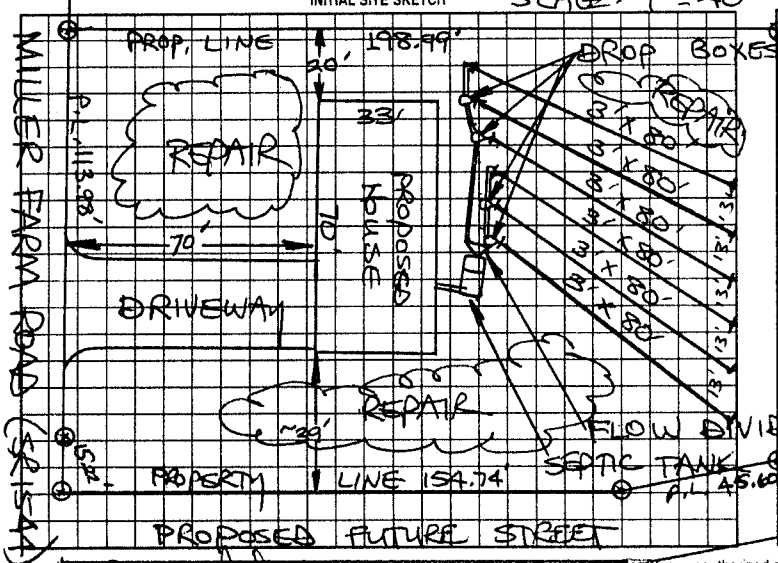
Gravel Depth 12" [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

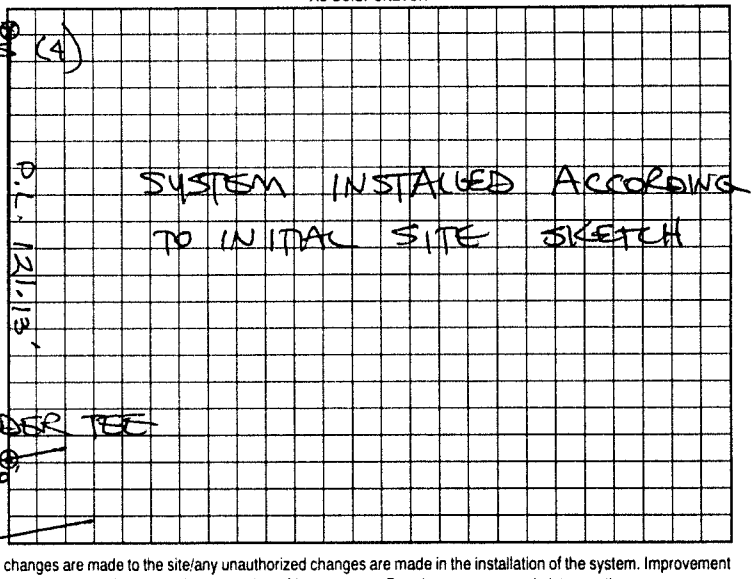
Comments:/Conditions:

Comments:/Conditions SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH SCALE: 1" = 40'



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 1-30-99 Installed by: TOMMY FRYE

Improvement Permit by: STEVE HEDRICK date 1-30-99 Operation Permit by: STEVE HEDRICK date 9-8-00

Authorization to Construct by: STEVE HEDRICK date 1-30-99 Existing System Inspection by: ____ date ____

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