IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 036573 PIN# 4727 49 8765 DATE 4-1-2000

OWNER OR CONTRACTOR DALE MILLSAPS PHONE: Business 871-8700 Home 876-2202

ADDRESS 810 HARRIS BRIDGE ROAD, STONY POINT NC 28768

LOCATION NC 115 NORTH, TR FINK ROAD, BEAR RIGHT THEN 1ST DRIVE TO RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1 LOT AREA 1.118 ACRES SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 786 Date 2-7-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines THREE Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: 25% REDUCTION GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth 12" ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

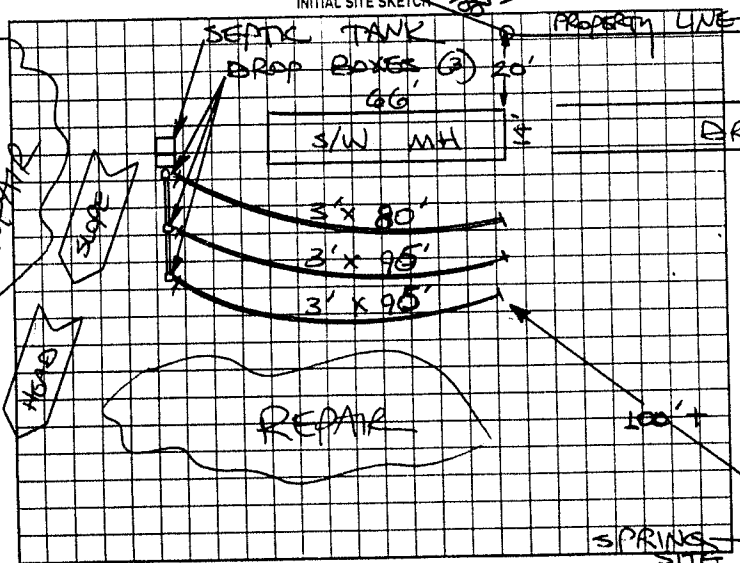
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community SPRING

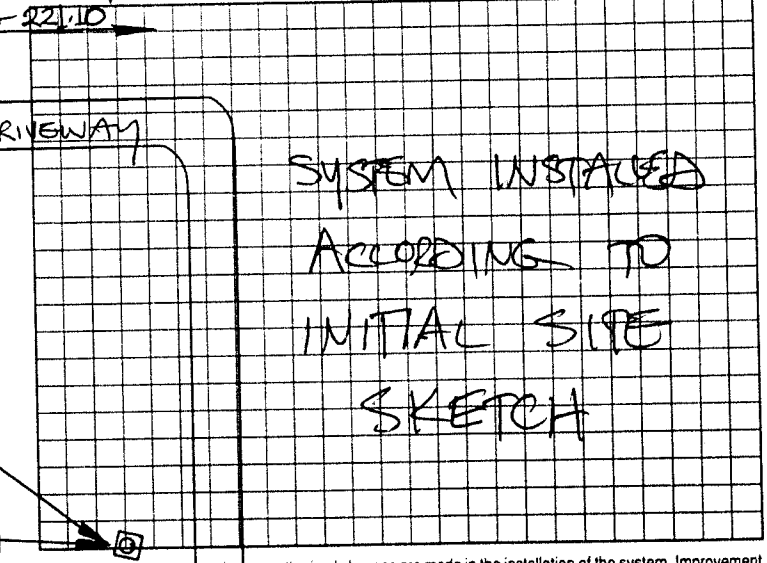
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM SPRING, P.L. 183.38'

Comments/Conditions: SEPTIC TANK W/RISERS AND MARKER INSTALLED USING "POLYLOK" FILTER

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: +Dale Millsaps date 4-1-00

Improvement Permit by: STEVE HEDRICK date 4-1-00

Authorization to Construct by: STEVE HEDRICK date 4-1-00

Installed by: CHARLIE BRICE

Operation Permit by: STEVE HEDRICK date 8-16-00

Existing System Inspection by: _____ date _____

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