# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106432 PIN# 4727-71-0329 DATE 6/3/02

OWNER OR CONTRACTOR Martin Hendricks PHONE ~~Business~~ cell (704) 902-0577 Home (704) 876-1389

ADDRESS 346 New Sterling Stony Point NC 28678

LOCATION 115 N, @ on Mallory Lane, 1st on Left beside Yellow House

SUBDIVISION Red Chimney Meadows BLOCK / SECTION — LOT 6 LOT AREA 2.79 Ac SITE CLASS 4S DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 4,000 Gallons; STB 1012 Date 6-15-02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200 equiv to Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth —

X New System ☐ Repair System Type: I, II (III) IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: Pump 50% Reduction
Maintenance Agreement Required: ☐ Yes ☐ No

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

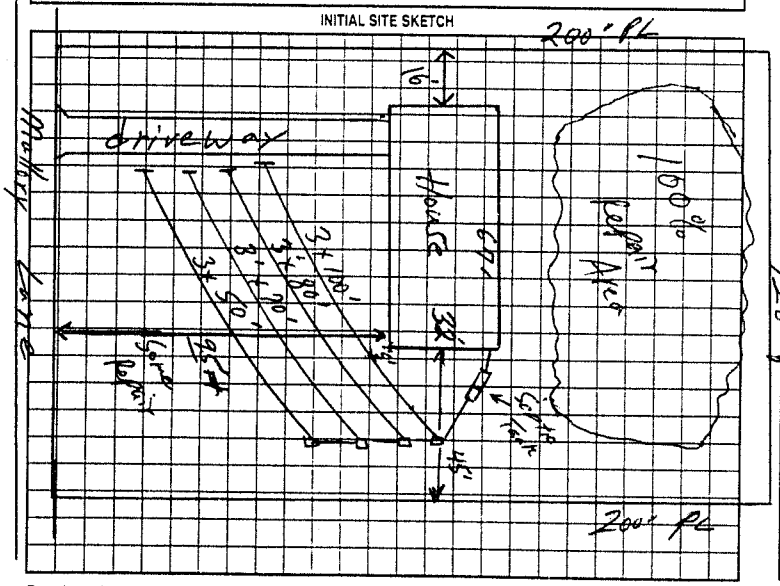
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

Comments/Conditions: ① Install 25% Reduction System ② Install lines on contour ③ maintain proper setbacks

Comments/Conditions
- Tuff-Tite Filter Installed
- S.T. Marker Installed
- 48 Infiltrator Chambers Installed

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed as shown per Initial Site 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: Martin Hendrick date _____ installed by Steve Jordan

Improvement Permit by: William O. Johnson date 6/3/02 Operation Permit by William O. Johnson date 12/31/02

Authorization to Construct by: William O. Johnson date 6/3/02 Existing System Inspection by: _____ date _____

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