IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111915 PIN# 4727-71-2470 DATE 4/8/03

OWNER OR CONTRACTOR Hendricks Builders PHONE: Business — Home (704) 872-5295

ADDRESS 346 New Sterling Road Stony Point N.C. 28678

LOCATION Hwy 115 N, Con Mallory Lane, 4th lot on left

SUBDIVISION Red Chimney meadows BLOCK / SECTION — LOT 4 LOT AREA ~.57 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25 gpd/ft²

Septic Tank: 1000 Gallons; STB 312 Date 6/02/03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model Equ to Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1446 Linear Feet 360
No Lines 5 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth NA

☒ 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

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

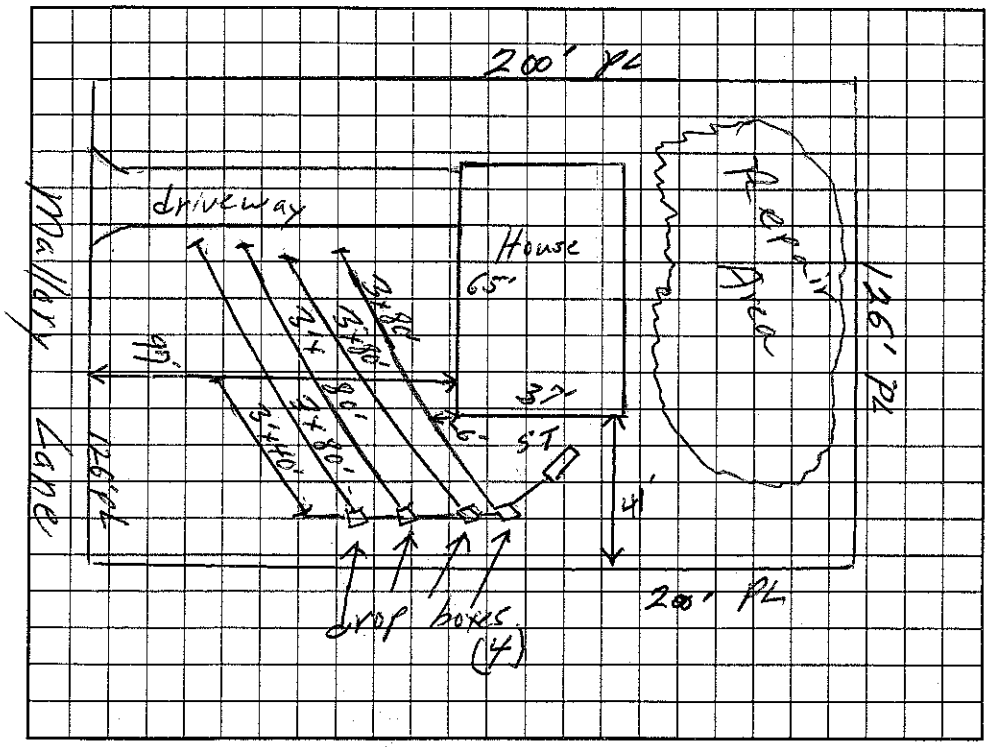
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

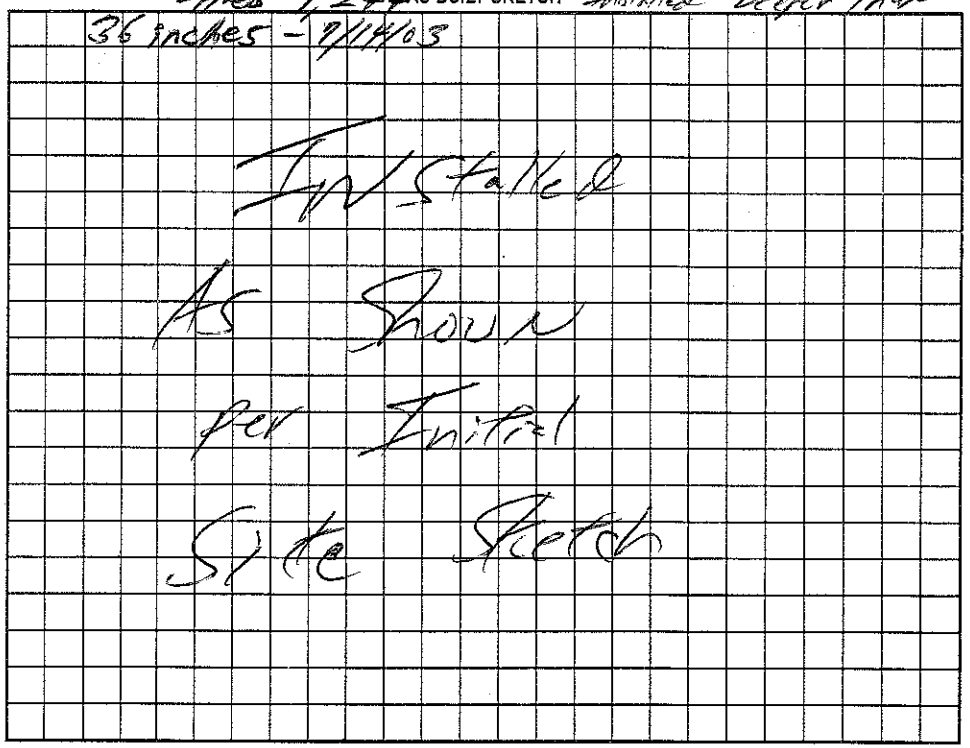
Comments:/Conditions: ① Install lines on contour ② maintain proper setbacks.

Comments:/Conditions: Lines 3, 4 + 5 at 4' - 7/10
- S.T. Marker + Zabel Filter Installed
- 58 BioCubes ~~Chambers~~ Installed
Lines 1, 2 + 4 AS BUILT SKETCH Installed deeper than 36 inches - 7/14/03

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: Marty Henderson date 4-10-03 Installed by: Foster Elder

Improvement Permit by: William O. Johnson date 4/8/03 Operation Permit by: William O. Johnson date 7/14/03

Authorization to Construct by: William O. Johnson date 4/8/03 Existing System Inspection by: ____ date ____

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