IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150418 PIN# 4739361067 DATE 6/17/08

OWNER OR APPLICANT Jonathan Stoehr PHONE: Business 704 902 5662 Home 704 902 5662

ADDRESS N. Chipley Ford Rd

LOCATION Jennings Rd. Left on Snow Creek, (R) on N. Chipley - property on (R) past Johns

SUBDIVISION n/a BLOCK / SECTION n/a LOT ____ LOT AREA 3.455 Acres SITE CLASS. R3 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 760 Date 5-24-08

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% Reduction - Gravity

Repair System Description: 25% Reduction - Pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

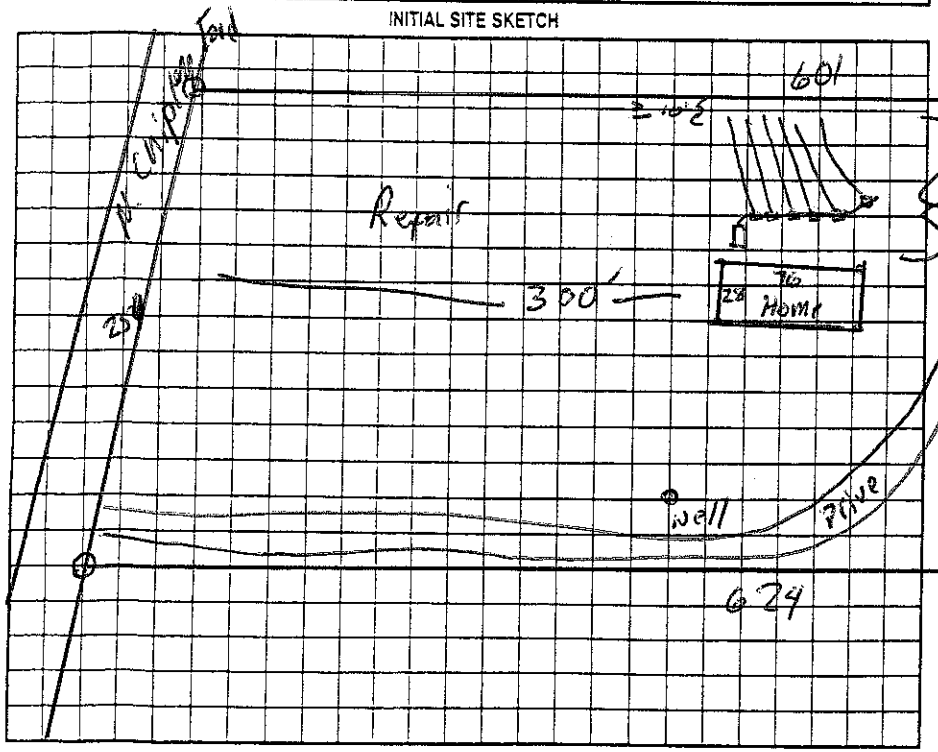
Comments:/Conditions:

(6) 50' lines

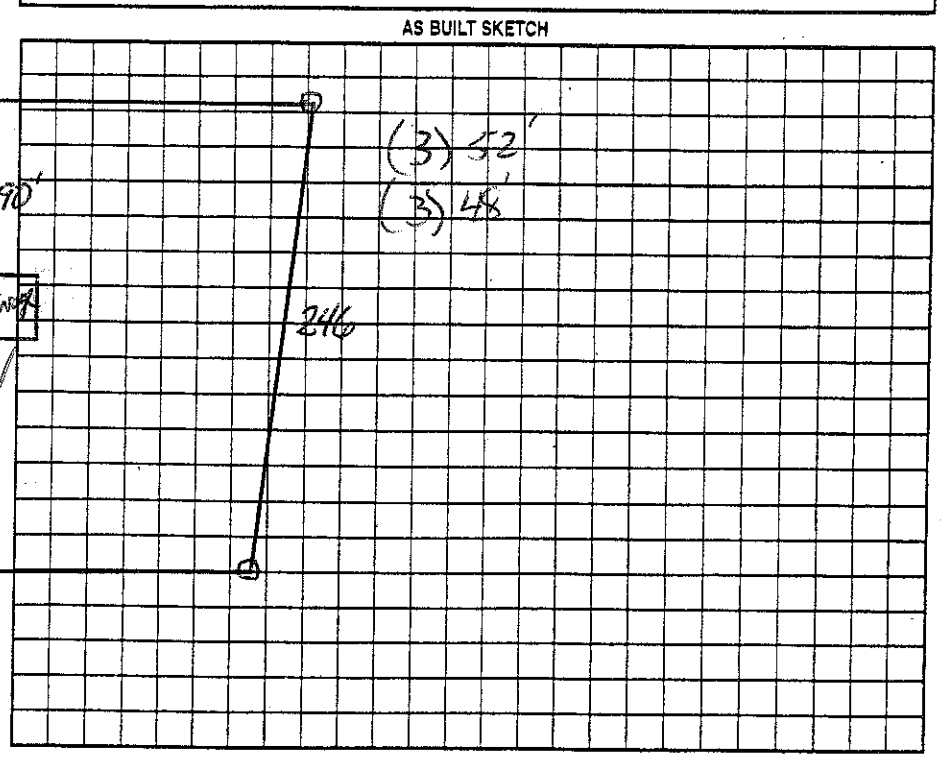
Comments:/Conditions:

Red 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 plan 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: ____ date 6-18-08 Installed by: Tim Abee

Improvement Permit by: ____ date 6/17/08 Operation Permit by: ____ date 9-25-08

Authorization to Construct by: ____ date 6/17/08 Existing System Inspection by: ____ date ____

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