IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 143619 PIN# 4746533720

OWNER OR APPLICANT Hendricks Builders DATE 4-9-08

ADDRESS 346 New Sterling RD Stony Point NC 28678 PHONE: Business ______ Home 704-902-0574

LOCATION 21N (R) Jane Sowers RD (R) Little John RD

SUBDIVISION Sherwood Forest BLOCK / SECTION 2 LOT 2 LOT AREA .560 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8-21-07
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields ______ Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24

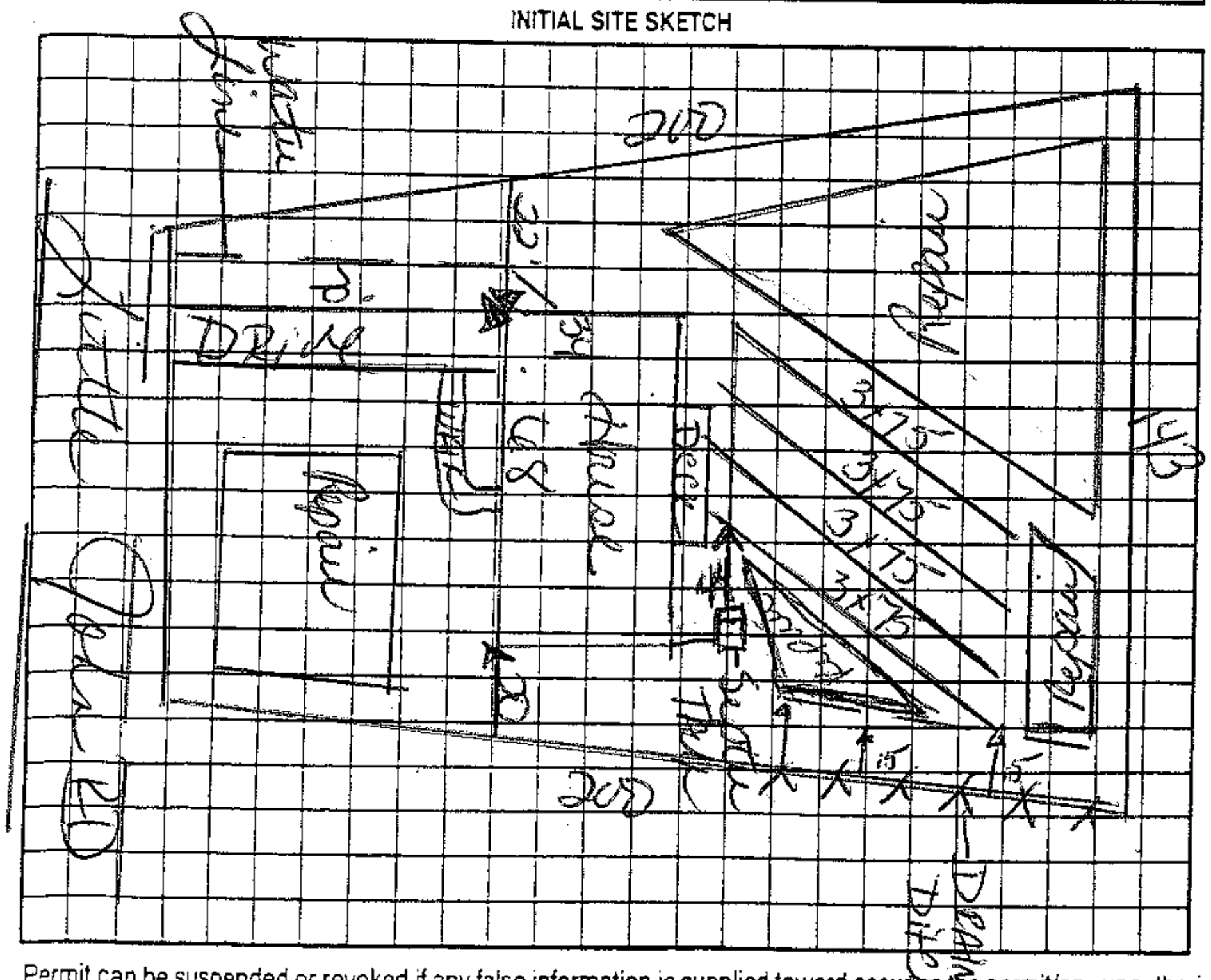
☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Gravel
Repair System Description: 50% [illegible]
Maintenance Agreement Required: ☐ Yes ☐ No
Gravel Depth ______ ☐ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______
No. Bedrooms ______ No. Persons ______ No. Employees ______

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions:
Maintain all Setbacks
Install on Contour

INITIAL SITE SKETCH



Comments:/Conditions:
* Maintain all Setbacks
* Scarify Sidewalls
* End Cap Distribution
* 24" Trench Bottom

AS BUILT SKETCH

Yellow [illegible] tube
Septic Marker
Last line is 10' past house

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 Hendricks date 4-10-08 Installed by: Craig Thompson

Improvement Permit by: Kelly Cook date 4-9-08 Operation Permit by: Kelly Cook date 7-28-08

Authorization to Construct by: Kelly Cook date 4-9-08 Existing System Inspection by: ______ date ______

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