IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133206 PIN# 4746731205 DATE 1-18-06

OWNER OR CONTRACTOR Hendricks Builders PHONE: Business _____ Home 704-872-5295

ADDRESS 206 Jane Sowers Rd.

LOCATION 21N, right Jane Sowers Rd, property on right after Frias Tuck

SUBDIVISION Sherwood Forest BLOCK / SECTION _____ LOT 3 LOT AREA .56 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012 Date 10-18-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360

No Lines 5 Trench Width 3 Max Trench Bottom Depth 3 Gravel Depth n/a

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

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Pump

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

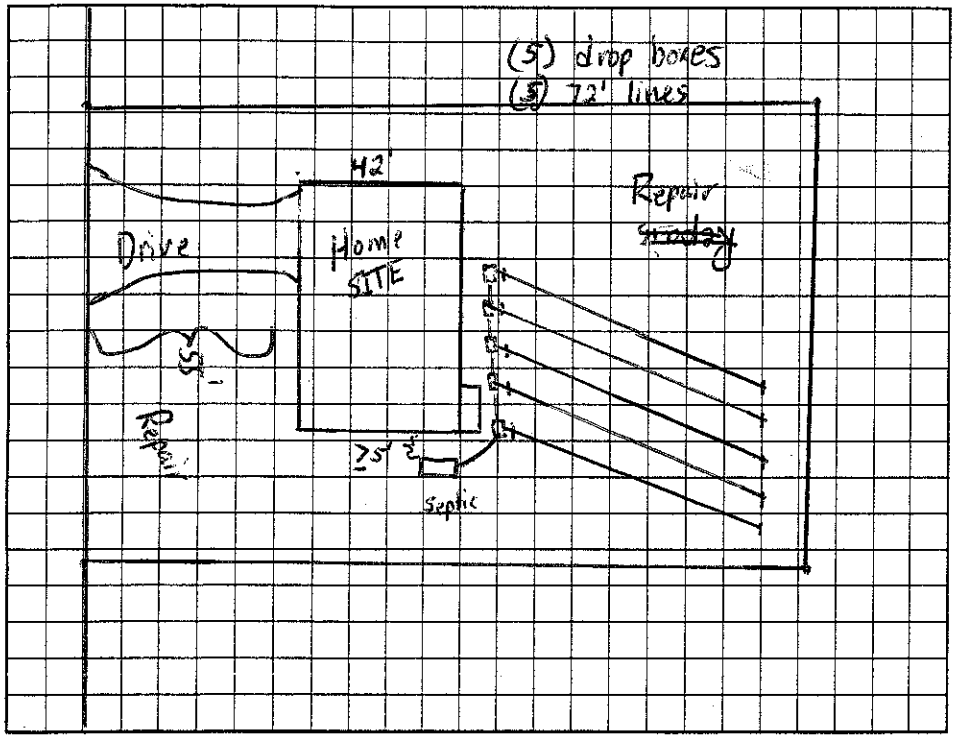
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

no risers, no ST
Yellow flies

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 Hendricks date 1-31-06 Installed by: Craig Thompson

Improvement Permit by: James Stewart date 1-18-06 Operation Permit by: James Stewart date 5-19-06

Authorization to Construct by: James Stewart date 1-18-06 Existing System Inspection by: _____ date _____

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