# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (21) MOORESVILLE 704-664-5281

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

PERMIT# 137850 PIN# ~~4746763245~~ 3245 DATE 9-7-06

OWNER OR APPLICANT Hendricks Builders PHONE: Business _____ Home _____

ADDRESS 346 New Stirling Road Stony Point NC 28678

LOCATION 210 to Jane Sowers Rd Lot on Right

SUBDIVISION Sherwood Forest SECTION _____ LOT 4 LOT AREA 1.5+ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 125

Septic Tank: 1000 Gallons; STB 1012 Date 9-3-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1440 Linear Feet 360
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☐ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Gravity
Repair System Description: 50% Low Pres
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other _____

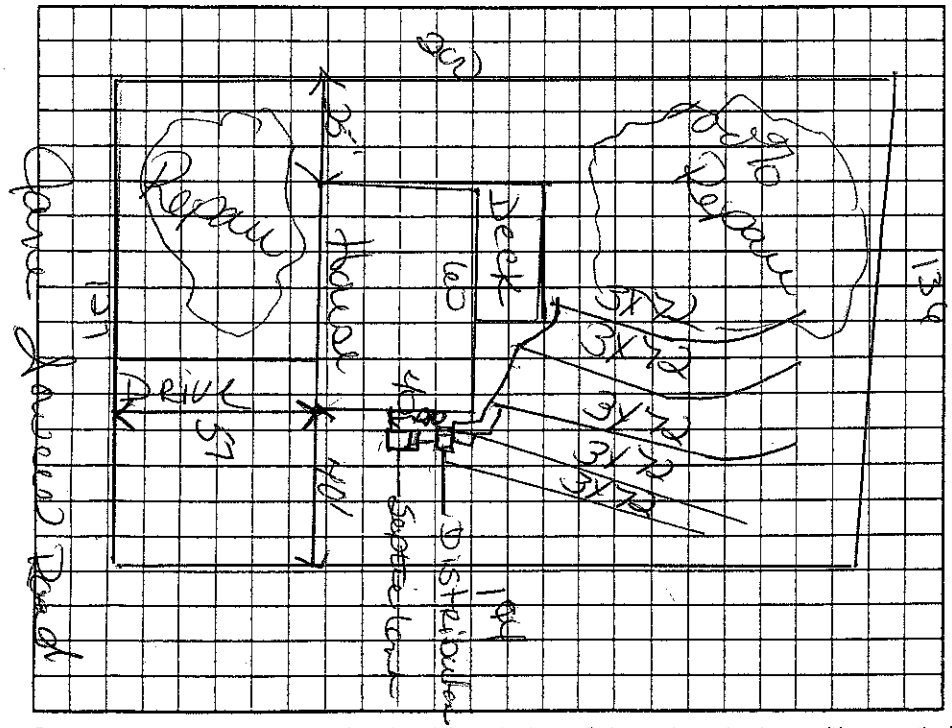
Water Supply: ☐ Individual ☑ Public ☐ Community

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

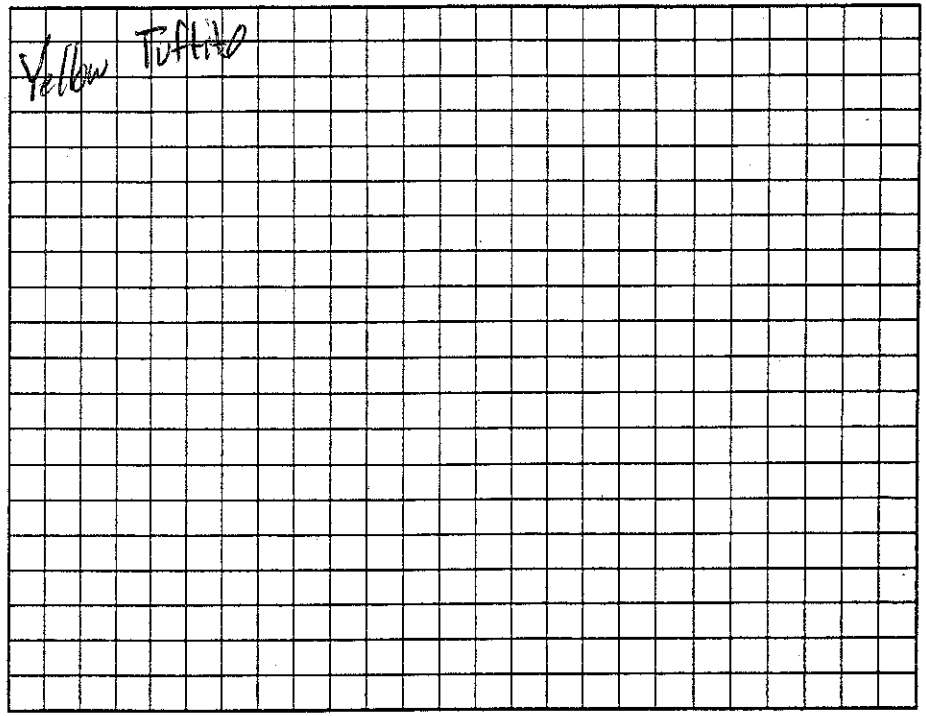
Comments:/Conditions:
5 Lines @ 72' each
Distribution Box 5 Speed Level

Comments:/Conditions:
Install on Contour
Maintain all setback

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 Hend date _____
Improvement Permit by: Kelly Cook date 9-7-06
Authorization to Construct by: Kelly Cook date 9-7-06

Installed by: Craig Thompson
Operation Permit by: _____ date 3-14-07
Existing System Inspection by: _____ date _____

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