IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 73430 PIN# 4753 99 9821 DATE 5-26-98

OWNER OR CONTRACTOR Wayne E. Sammons PHONE: Business _____ Home 872 8572

ADDRESS 293 Fanjoy Rd sta

LOCATION 70E to Fanjoy 1/2 mi on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5.49 acres SITE CLASS. AS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 1012 Date 12-17-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity I I

Repair System Description: _____

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

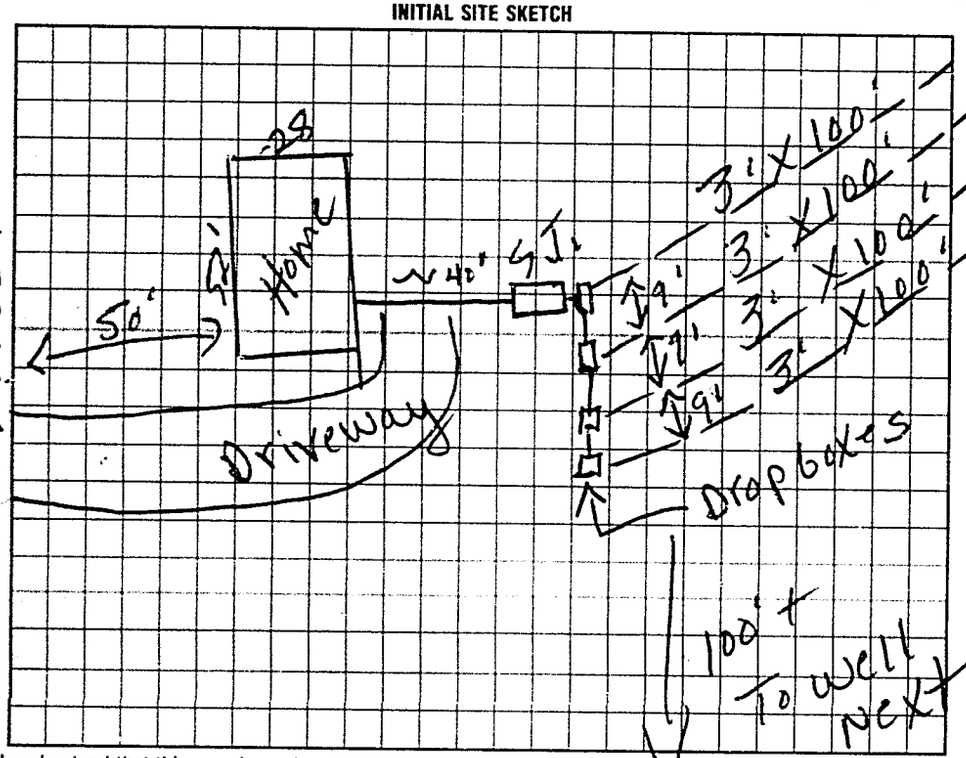
Comments:/Conditions:

Auxillary Home on 5.49 acres

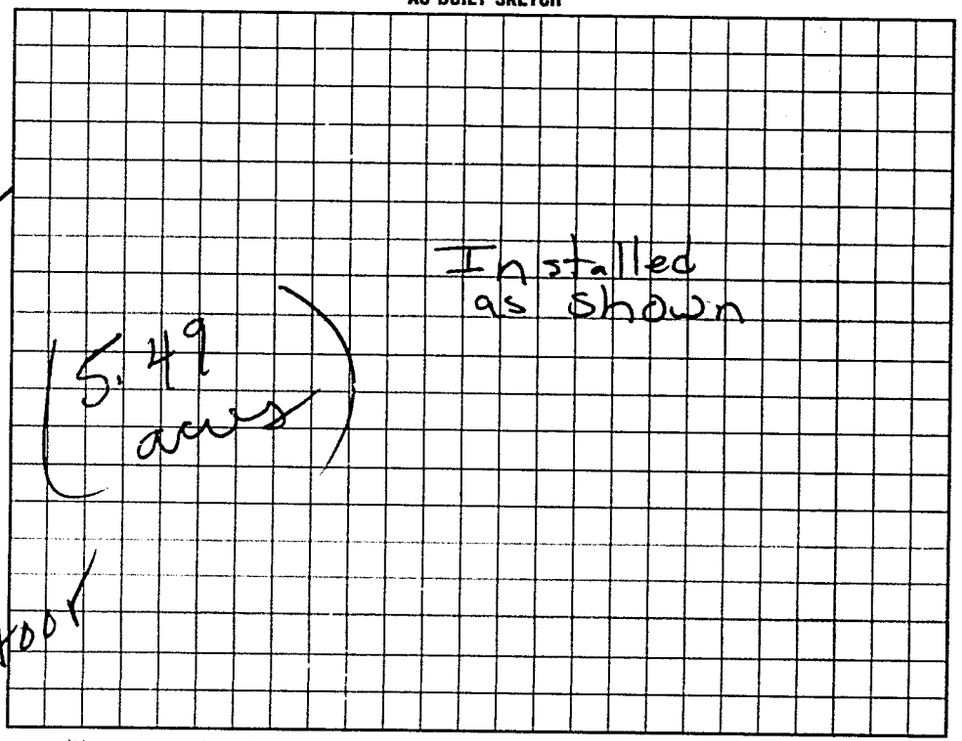
Comments:/Conditions:

Drop Boxes Changed to 1 Dist Box Site <8% Slope

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: _____ date _____ Installed by: A-1 Backhoe

Improvement Permit by: L. C. Moore date 5-26-98 Operation Permit by: Mat C Ott's date 6-4-98

Authorization to Construct by: L. C. Moore date 5-26-98 Existing System Inspection by _____ date _____

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