IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 73410 PIN# 4762 78 0114 DATE 7-30-98

OWNER OR CONTRACTOR Fred Blake PHONE: Business _____ Home _____

ADDRESS PO Box 46 Stoney Pt. N.C.

LOCATION 70 E TR Bethesta To Corn Flower TR Pine Tree TR Cypress 1/Point

SUBDIVISION Pine Tree Fm BLOCK / SECTION _____ LOT 5 LOT AREA 2.3 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.3

Septic Tank: 1000 Gallons; STB 821 mills Date 7-22-98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, ☑ II, III, IV, V, VI
System Description: Conv. Gravity
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

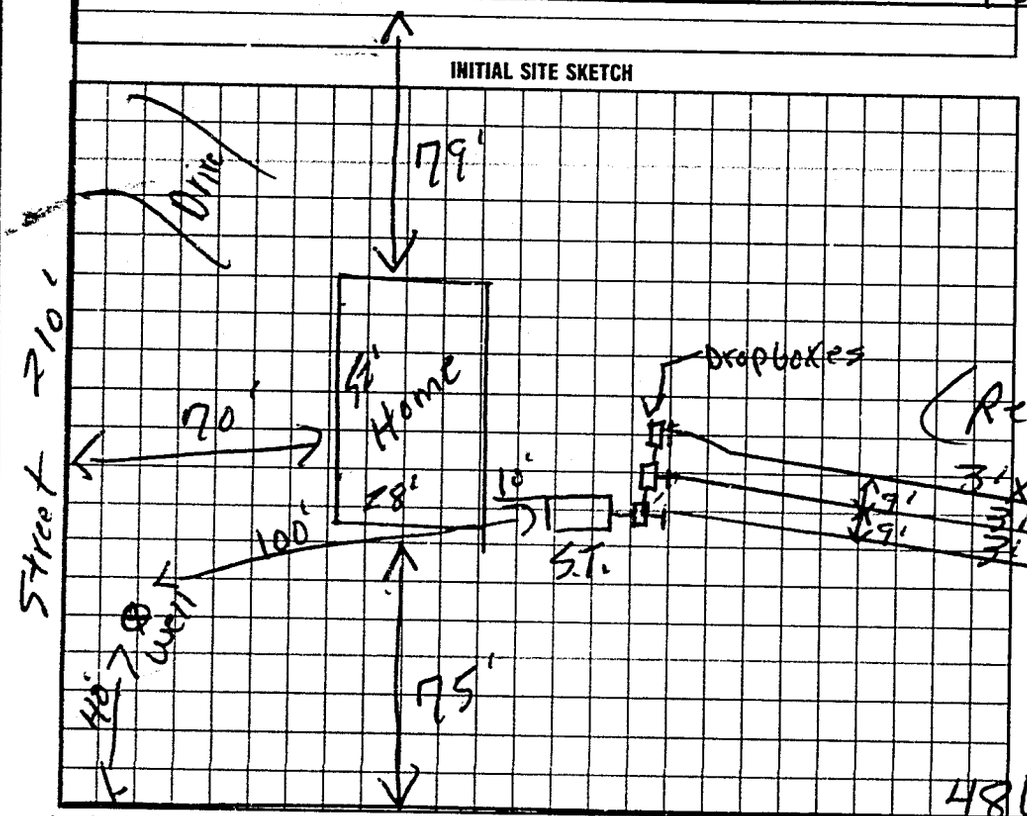
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

481

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

210'

481

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: X Fred Blake date _____ Installed by: ACME Grading

Improvement Permit by: C. C. Moore date 7-30-98 Operation Permit by: Mat C. Ott RS date 9-9-98

Authorization to Construct by: C. C. Moore date 7-30-98 Plumbing System Inspection by _____ date _____

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

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