L0161817

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103659 PIN# 4775-64-1937 DATE 12-28-01

OWNER OR CONTRACTOR SHON STROUD PHONE: Business 704-902-1722 Home

ADDRESS PO BOX 386 STANLEY NC 28164

LOCATION 64 EAST, PAST BARRYOAK RD ON RT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 4 0 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB A4 Date 9-15-01
Pump Tank: 1000 Gallons; PT 203 Date 1-14-02
Pump Make: GOULDS Model 1PW60S5M4 Serial No [redacted]
Nitrification Field: No Fields 1 Square Feet 6 0 = 1920' Linear Feet 480'
No Lines 6x80' Trench Width 36" Max Trench Bottom Depth 24"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: PUMP 2540 REDUCT
Repair System Description: LOW PRESS. PIPE
Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 4
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees
[ ] Other

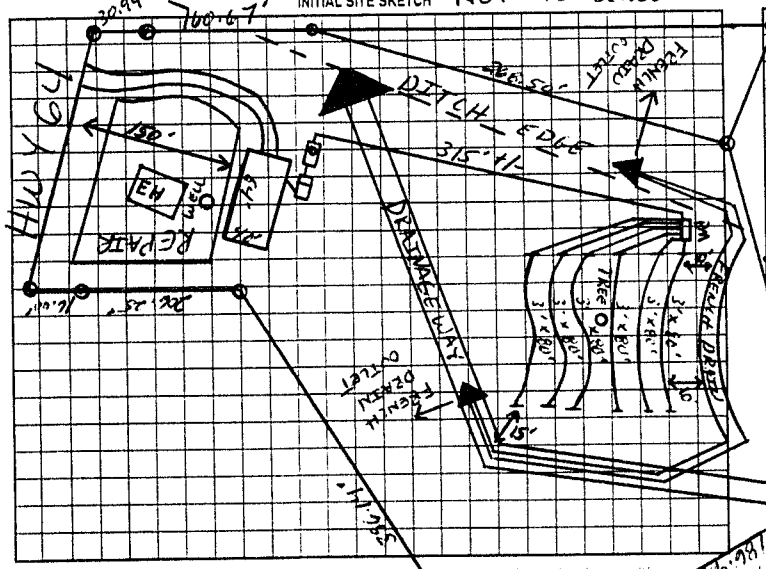
Water Supply: [ ] Individual [X] Public [ ] Community

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing Gravel Depth N/A

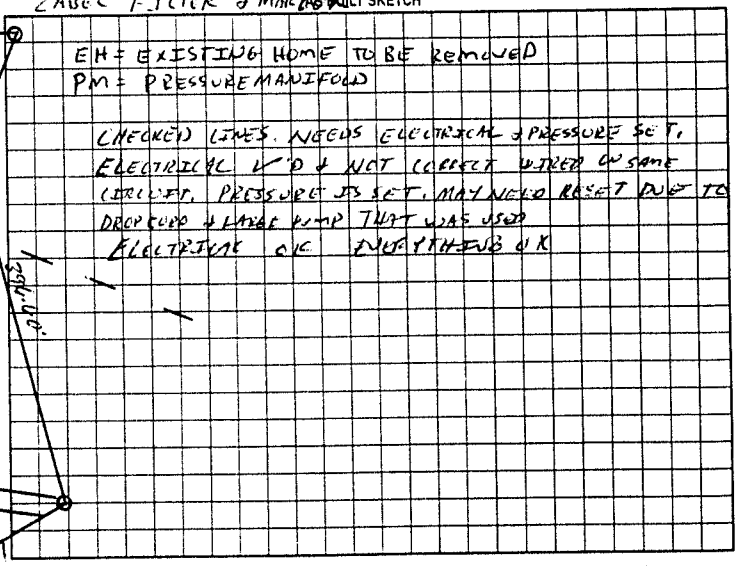
Comments:/Conditions: ① SYSTEM IS FLAGGED OUT EXACTLY ON CONTOUR EVERY 10'. ② WELL MUST BE ABANDONED BY DWQ STDS AND PROPER PAPERWORK FILED WITH OUR OFFICE. ③ INSTALL LINES ON ON CONTOURS & MAINTAIN

Comments:/Conditions: SETBACKS ④ FRENCH DRAIN MUST BE AT LEAST 36" DEEP COMPLETELY AROUND SYSTEM & THEN EXIT TO DAYLIGHT ⑤ FRENCH DRAIN MUST BE 10' ABOVE AND 15' TO THE SIDES OF SYSTEM

INITIAL SITE SKETCH "NOT TO SCALE"



CHECK FILTER & MARK 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: [signature] date 12-28-01 Installed by: MARTY TUCKER

Improvement Permit by: [signature] PS date 12-28-01 Operation Permit by: [signature] PS date 03-12-02

Authorization to Construct by: [signature] PS date 12-28-01 Existing System Inspection by: date

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