IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 081472 PIN# 4789 02 6960 DATE 6-9-99

OWNER OR CONTRACTOR JERRY STANLEY PHONE: Business Home 876-3575

ADDRESS 218 DUNAD GATE ROAD, STATESVILLE, NC 28625

LOCATION US 21 N, TR MT. BETHEL, TL RIMROCK, TL SHAW, TL STAGECREST, LOTS 23124 ON LEFT

SUBDIVISION [redacted] RIMROCK EST BLOCK / SECTION [redacted] LOT 23124 LOT AREA 1.3 + 1.177 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 55 Date 4-6-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600± Linear Feet 540
No Lines 5 1X Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. PUMP ON LOT #24
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

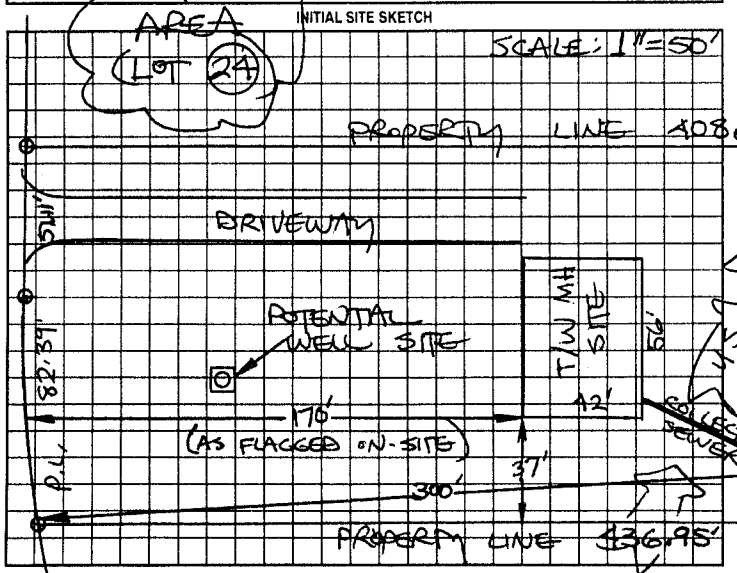
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

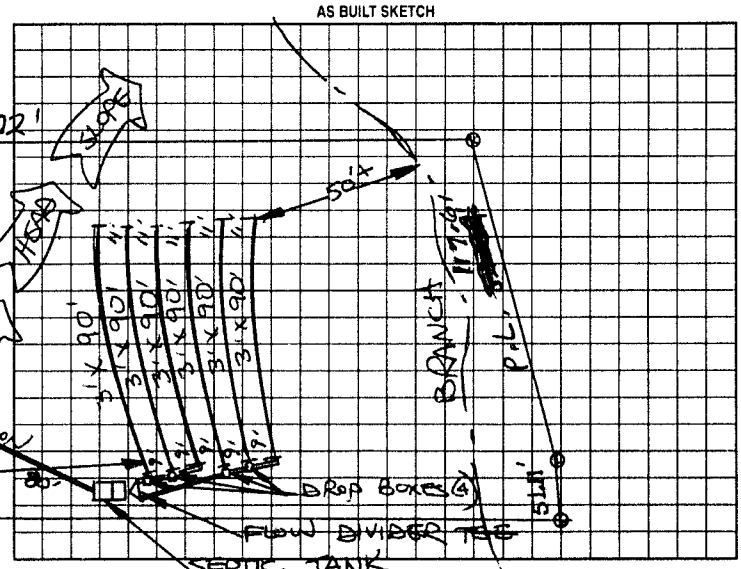
Comments/Conditions:
REPAIR AREA (LOT 24)

Comments/Conditions:
Installed as shown

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: [signature] date 6-10-99 Installed by: G & M Enterprises

Improvement Permit by: STEVE HEDRICK date 6-9-99 Operation Permit by: M C Cox RS date 7-6-99

Authorization to Construct by: STEVE HEDRICK date 6-9-99 Existing System Inspection by: ____ date ____

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