IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080464 PIN# 4803 96 0356

OWNER OR CONTRACTOR JON SMITHEY PHONE: Business _____ Home (704) 670-3716 DATE 4-12-99

ADDRESS 543 RURITAN PARK ROAD, N, WILKESBORO, NC 28659

LOCATION NC 115 N, TL LINNEY'S MILL ROAD, TR OAK HOLLOW ROAD, ~0.5 MILE ON LEFT (OFF ROAD)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 11.91 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 851 Date 6-15-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

☑ New System ☐ Repair System Type: I II III IV V VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

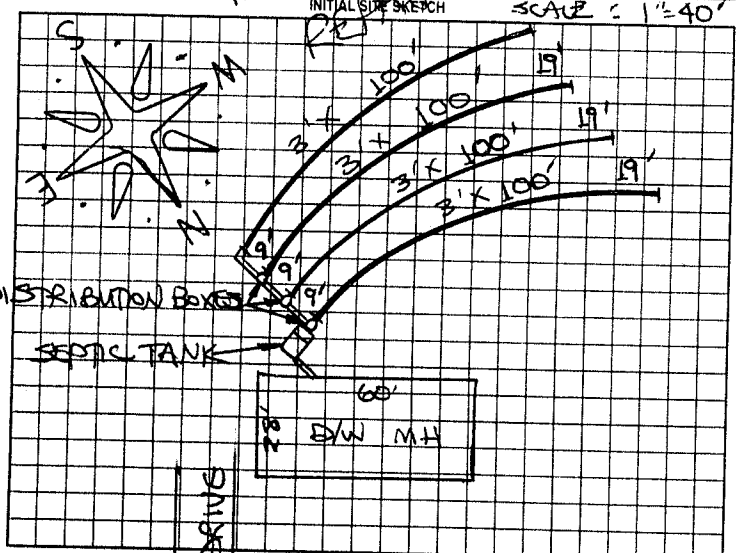
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

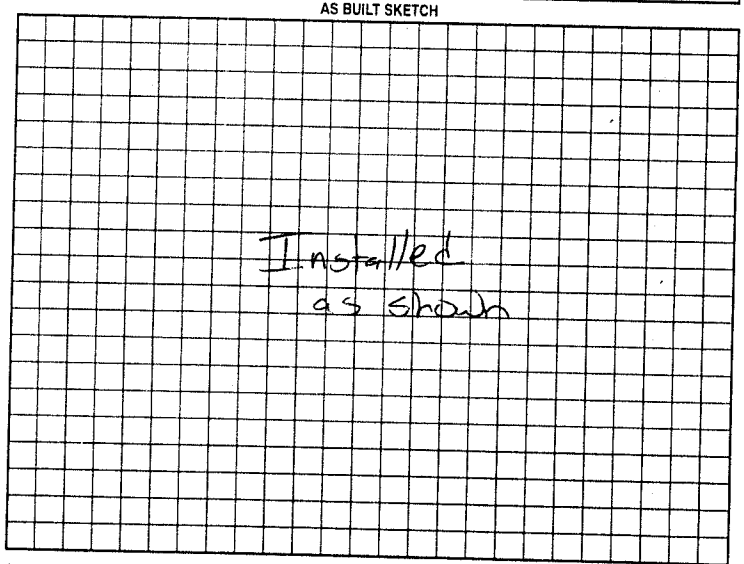
Comments/Conditions: KEEP SYSTEM MINIMUM 100' FROM WELL

Comments/Conditions

INITIAL SITE SKETCH SCALE: 1"=40'



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: Jon L. Smithey date 4-12-99

Improvement Permit by: STEVE HENDRICK date 4-12-99

Authorization to Construct by: STEVE HENDRICK date 4-12-99

Installed by: CAT Excav.

Operation Permit by: Mark C Ortz RS date 8-26-99

Existing System Inspection by: _____ date _____

POTENTIAL WELL SITE → ○

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