IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088525 PIN# 4814 84 0963 DATE 4-17-00

OWNER OR CONTRACTOR RANDALL CRIDER PHONE: Business 873-2255 Home 876-0811

ADDRESS 688 PISGAH CHURCH ROAD, STONY POINT, NC 28678

LOCATION NC 115 NORTH, TL PADDOCK ROAD, 1ST LOT ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.49 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 gpd/ft²

Septic Tank: 1000 Gallons; STB 1007 Date 4-3-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet EQ. TO 1440 Linear Feet 360+

No Lines 6X Trench Width 36" Max Trench Bottom Depth 30 Gravel Depth 6" SAND

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

System Description: 25% REDUCTION GRAVITY

Repair System Description: 50% REDUCTION GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

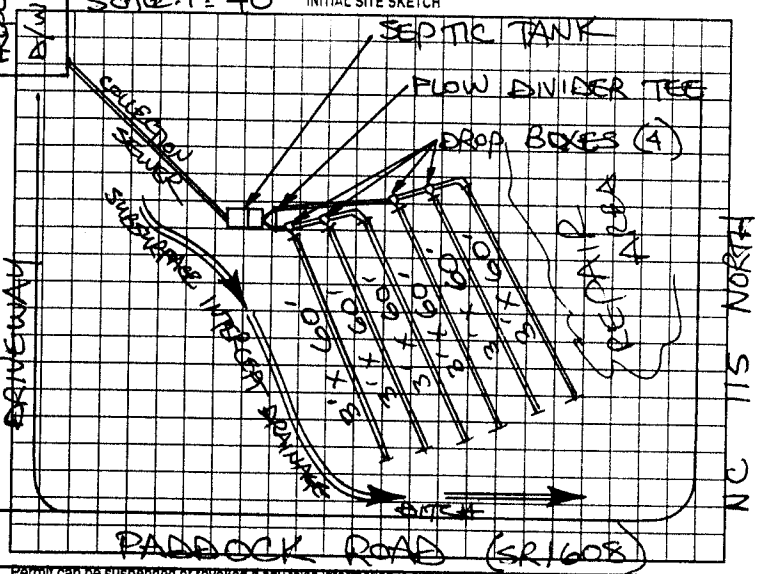
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions ① INSTALL 25% REDUCTION SYSTEM USING 60 CHAMBERS (REQUIRED) ② INSTALL SUBSURFACE DRAINAGE DITCH BEGINNING 42" DEEP ③ KEEP SYSTEM MINIMUM 100' FROM WELL SITE.

Comments/Conditions SEPTIC TANK W/ MARKER INSTALLED USING "ZABEL" FILTER

PROPOSED S/D/W

SCALE: 1" = 40' INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 4-17-00

Improvement Permit by: STEVE HEDRICK date 4-17-00

Authorization to Construct by: STEVE HEDRICK date 4-17-00

Installed by: TRAVIS ENTERPRISE

Operation Permit by: STEVE HEDRICK date 5-16-00

Existing System Inspection by: _____ date _____

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