IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101036 PIN# 4841 02 7429 DATE 7-6-01

OWNER OR CONTRACTOR ROBERT E. ALMOND PHONE: Business Home (704) 539-4423

ADDRESS 157 CRAWFORD STABLE ROAD, DUN, NC 28660

LOCATION US 21 N, TL JENNINGS ROAD, TL EUPEPTIC SPRINGS RD, TL CURRENT ROAD, 0.2 MILE ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 GAD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 4-14-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines THREE 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: CONVENTIONAL, pump

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

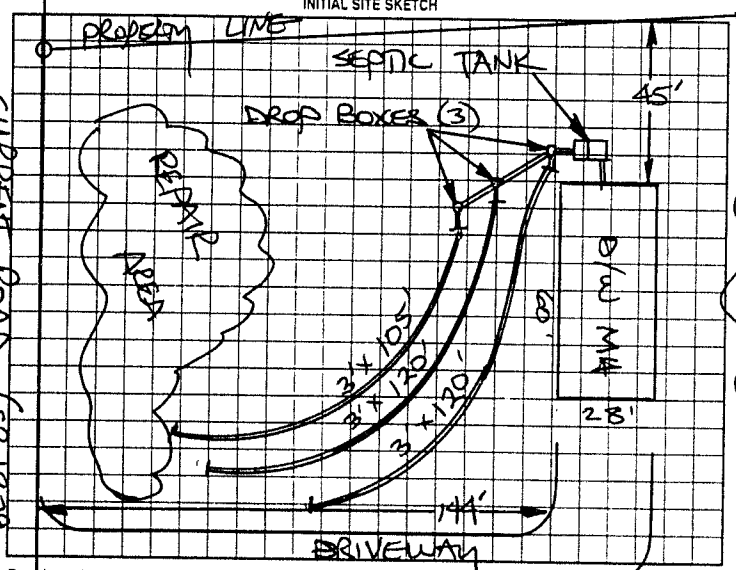
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL NEAR DOOR

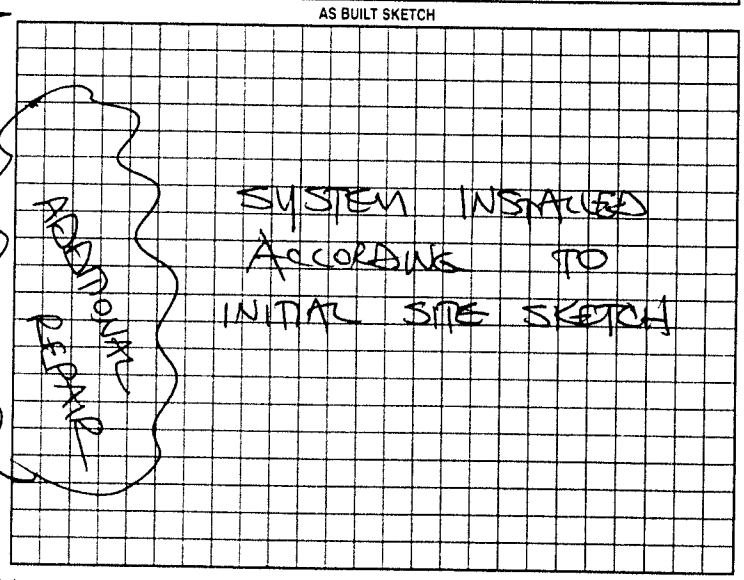
Comments/Conditions: SCALE: 1" = 40'

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "POLY LOK" FILTER

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: + Robert E Almond date 7-6-01

Improvement Permit by: STEVE HENDRICK date 7-6-01

Authorization to Construct by: STEVE HENDRICK date 7-6-01

Installed by: A-1 BACKHOE

Operation Permit by: STEVE HENDRICK date 7-18-01

Existing System Inspection by: _____ date _____

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