* THIS PERMIT REPLACES ONE ISSUED 4-23-04 NOW VOID

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 119612 PIN# 4842-32-6643 DATE 12-23-04

OWNER OR CONTRACTOR JONATHAN DEATON PHONE: Business (704) 875-3955 Home (704) 363-1117

ADDRESS 12305 McCORD RD. HUNTERSVILLE NC 28078

LOCATION I-77N TO EXIT 59 TL TOMLIN MILL TR JENNINGS TL BYWAY TO END PROPERTY ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 15.0 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.25 gpd/ft²

Septic Tank: 1000 Gallons; STB 160 Date 5-9-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines 6 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

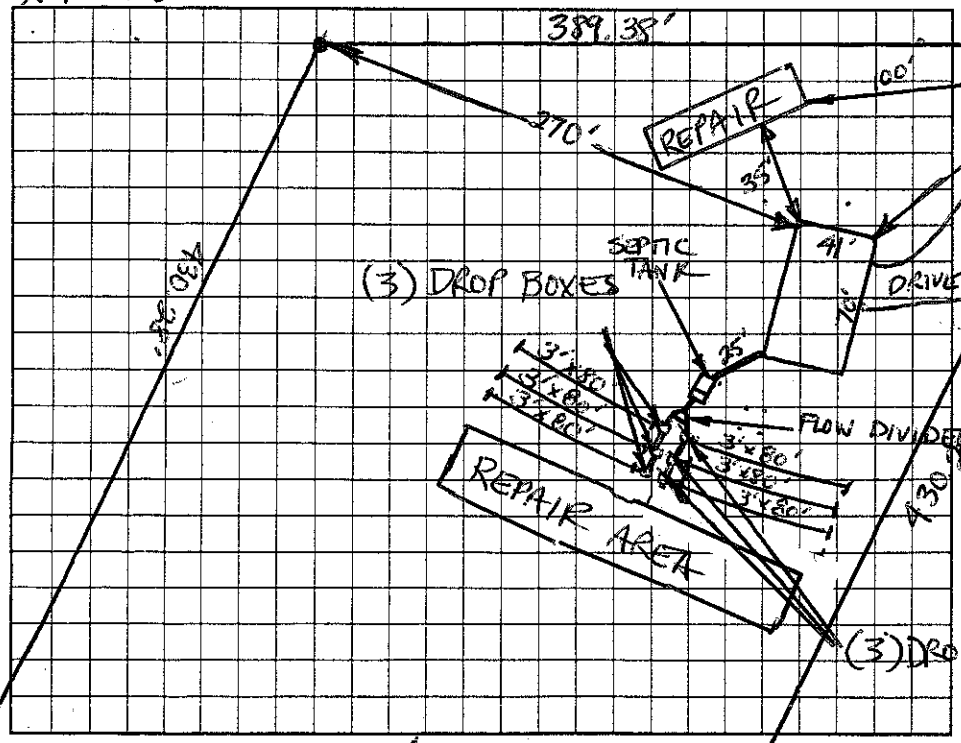
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: ① INSTALL 24" ON CONTOUR ② MAINTAIN ALL SETBACKS ③ MUST KEEP WELL AT LEAST 100' FROM SYSTEM

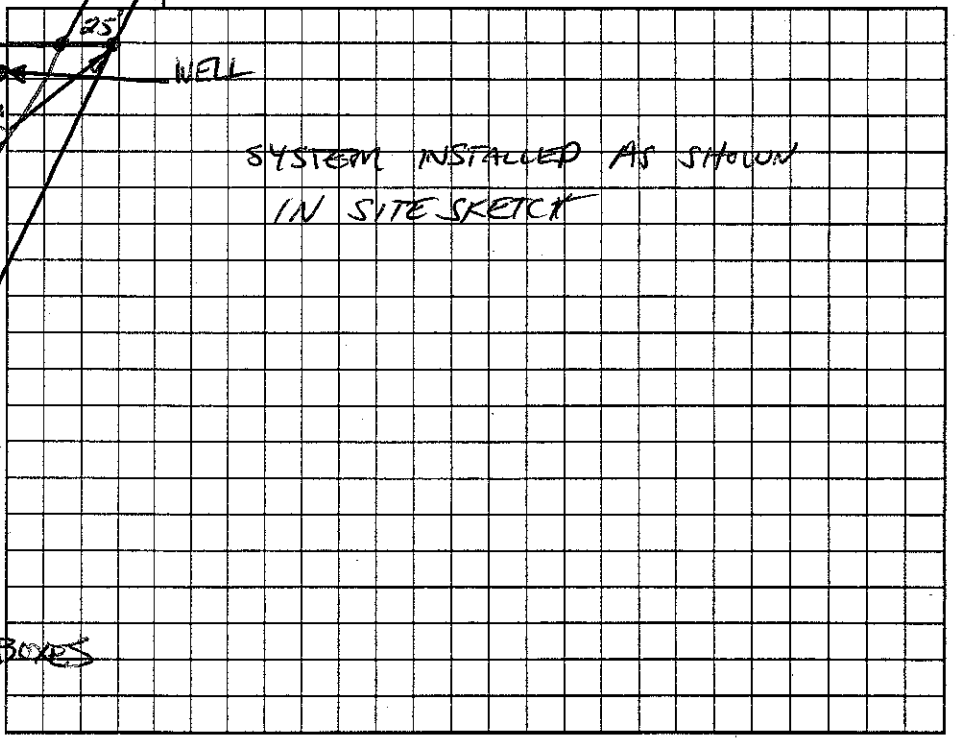
Comments/Conditions: ① ZABEL FILTER & MARKER ON TANK ② #5 STONE

* 1" = 100'

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: _____ date _____ Installed by: UMBARGER BACKHOE

Improvement Permit by: Christopher M. Shinn PS date 12-23-04 Operation Permit by: Christopher M. Shinn PS, LSS date 6-29-05

Authorization to Construct by: Christopher M. Shinn PS, LSS date 1-4-05 Existing System Inspection by: _____ date _____

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