IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082481 PIN# 4892 61 1998 DATE 7-15-99

OWNER OR CONTRACTOR JAMES W. HAINES JR PHONE: Business _____ Home c/o 546-7345

ADDRESS P.O. Box 777 MT. AIRY, MD, 21771

LOCATION US 21 N, TR POWELL BRIDGE, TR TURKEYFOOT RD, TR ROCK SPRINGS RD, 4th LOT ON RIGHT

SUBDIVISION ROCK SPRING ACRES BLOCK / SECTION _____ LOT 2 LOT AREA 3.0 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 6-22-99
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 30" 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
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

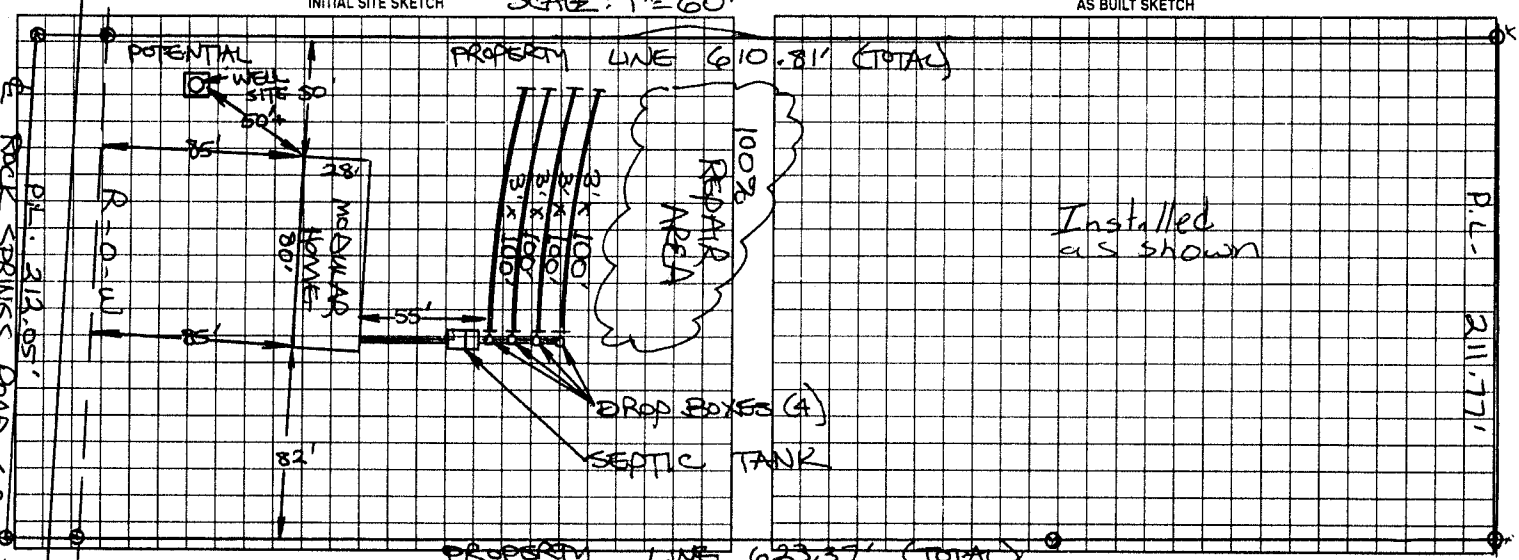
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

Comments/Conditions: ① KEEP SYSTEM MINIMUM 100 FEET FROM ANY WELL ② INSTALL LINES ON CONTOUR AS FLAGGED ON SITE

Comments/Conditions:

INITIAL SITE SKETCH SCALE: 1"=60'



AS BUILT SKETCH

Installed as shown

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 7-15-99 Installed by: Swan Const & Exc

Improvement Permit by: STEVE HEDRICK date 7-15-99 Operation Permit by: Mat C Outfits date 9-2-99

Authorization to Construct by: STEVE HEDRICK date 7-15-99 Existing System Inspection by: _____ date _____

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