IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 9/25/2000

PERMIT# 91987 PIN# 4614723401

OWNER OR CONTRACTOR Maxwell Stowers PHONE: Business _____ Home (336) 765-9280

ADDRESS 420 Stafford Shire Rd. Winston Salem, NC 27104

LOCATION Brawley School Rd. TR Tuskarosa TR Birdsong on Rt 3rd House Fromend.

SUBDIVISION Cla D BLOCK / SECTION 6 LOT 312 LOT AREA .70 Acre SITE CLASS. PS DESIGN FLOW 360gpd A.R. _____

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 450'

No Lines Bed Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth 10"

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

System Description: Existing Gravity Conv.

Repair System Description: _____

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

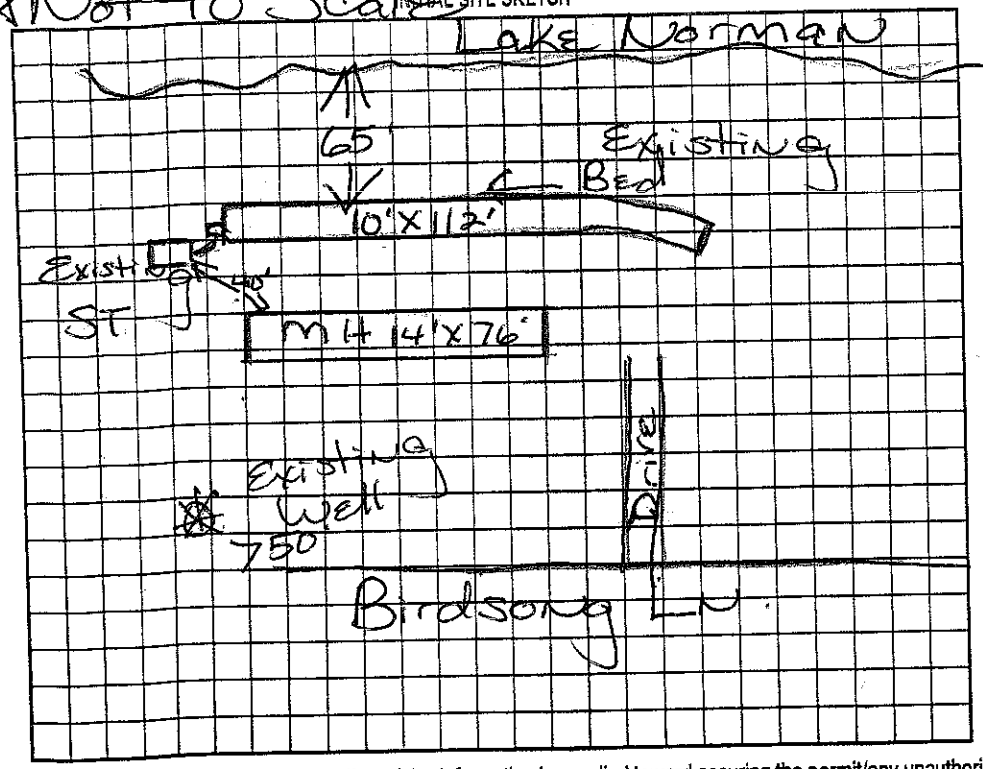
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be Functioning Okay at time of inspection, No problems noticed.

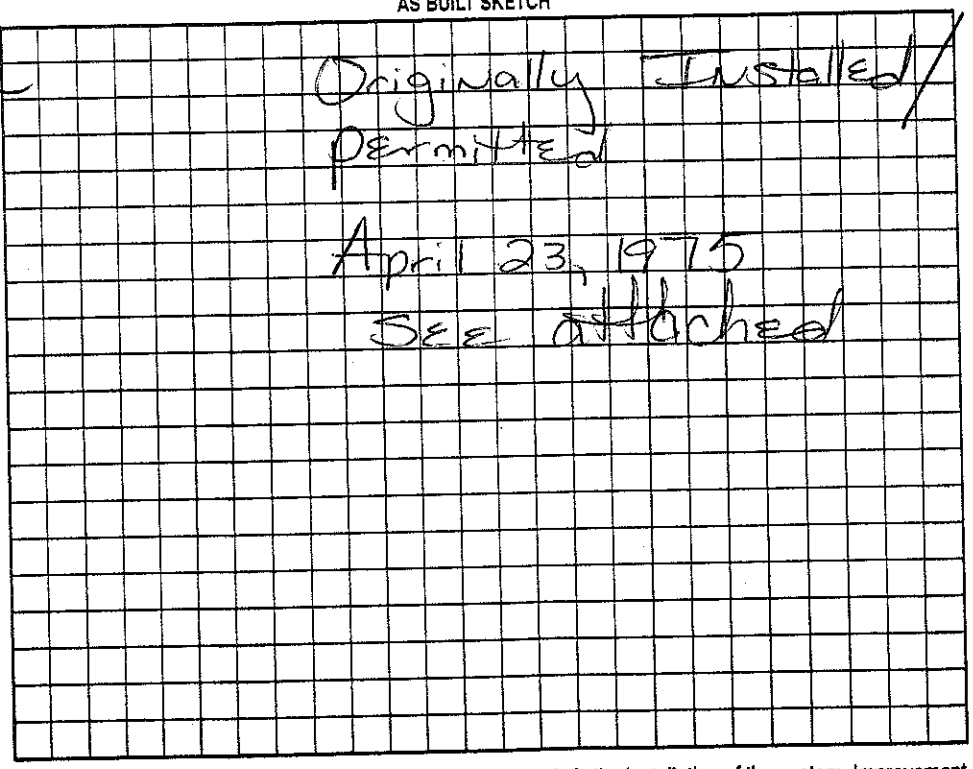
Comments:/Conditions: Septic System Okay for 3 Bedroom Home.

*Not To Scale

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: Maxwell L Stowers date 9/25/2000 Installed by: _____

Improvement Permit by: Marion H Dolan RS date 9/25/2000 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Marion H Dolan RS date 9/25/2000

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