IREDELL COUNTY HEALTH DEPARTMENT

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

280. Paid (1:30)

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

PERMIT# 104817 PIN# 4615923298 DATE 2/20/02

OWNER OR CONTRACTOR John Tolmie PHONE: Business Home

ADDRESS 1543 Abbey Ct. Winston Salem NC 27103

LOCATION Brawley Sch, TR Stone marker, TR Fawn Ln. on Lt 149 Fawn Ln

SUBDIVISION CLT BLOCK / SECTION 6 LOT 123 LOT AREA 0.64Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R.

Septic Tank: 1000 Gallons; STB 794 Date 2/15/02
Pump Tank: ~~1000~~ Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields Square Feet Existing Linear Feet
No Lines Trench Width Max Trench Bottom Depth Gravel Depth

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump to Existing Bed
Repair System Description:
Maintenance Agreement Required: ☐ Yes ☒ No

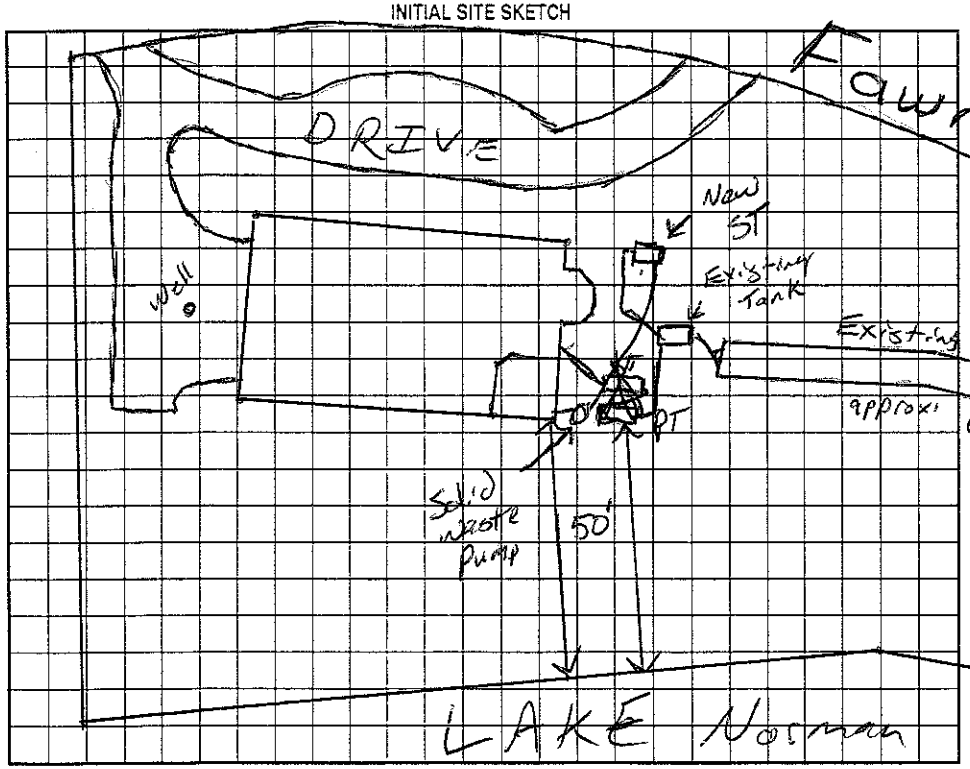
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community
Existing

Comments:/Conditions:

Comments:/Conditions:

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: LC Dellinger date 2/25/01 Installed by: Dellinger

Improvement Permit by: RS date 2/20/02 Operation Permit by: RS date 12/30/02

Authorization to Construct by: RS date 2/20/02 Existing System Inspection by: date

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