$\$350^{00}$ 10:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132424 PIN# 4625956819 4635-06-6773 DATE 11-21-05

OWNER OR APPLICANT Greg Robbins Custom Homes PHONE: Business 724-1511 Home 336 345-0648

ADDRESS PO. Box J 30220 Winston-Salem, NC 27130

LOCATION Brawley School Rd TL Chatham Rd immediately on left

SUBDIVISION The Point BLOCK / SECTION 1-B LOT 57 LOT AREA 1.503 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000+ Gallons; STB 338 Date 4-30-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: ☐ II ☐ III ☐ IV ☐ V ☐ VI
System Description: Gravity - 25% Reduction
Repair System Description: Pump/Gravity 25%
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

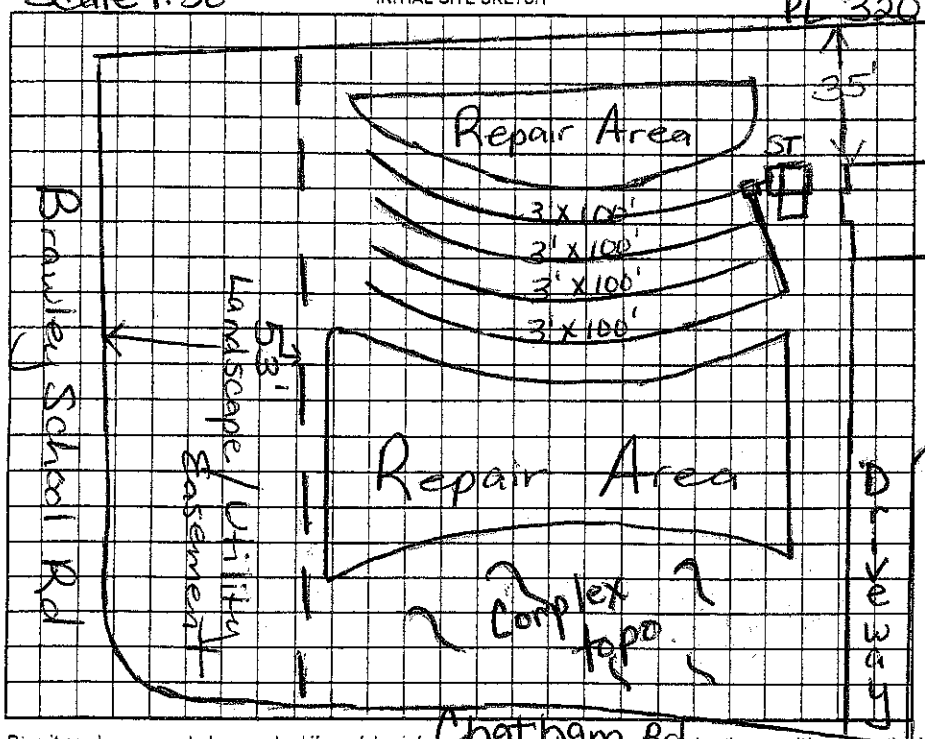
Water Supply: ☐ Individual ☒ Public ☒ Community

☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

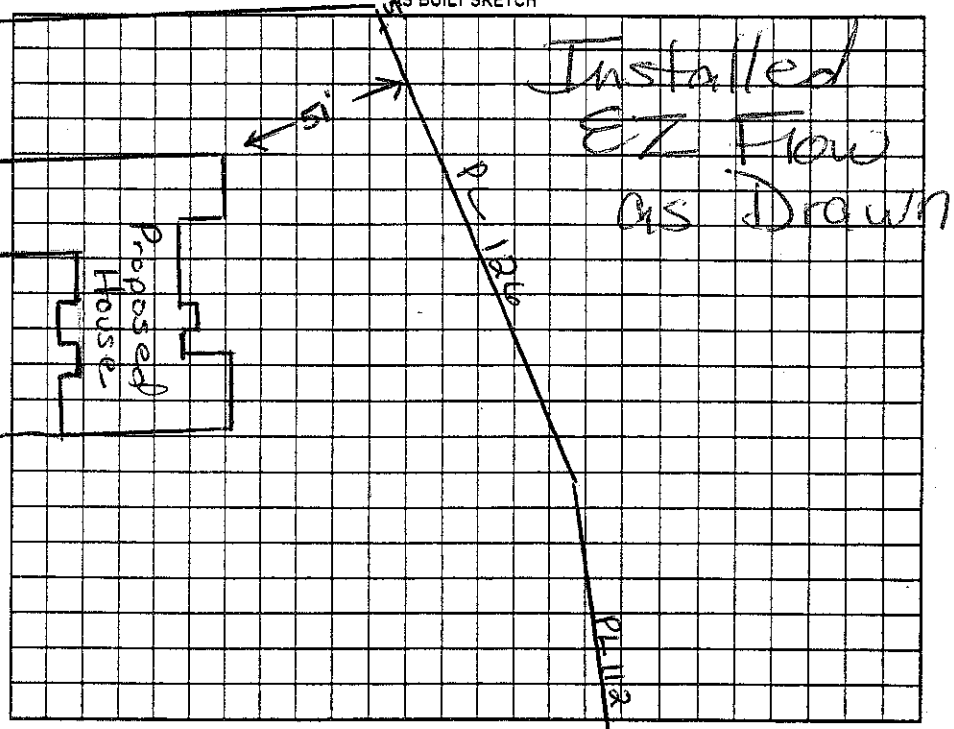
Comments/Conditions: ✱Note: Must stub out plumbing high enough to maintain gravity flow to SF, otherwise pump will be needed.

Comments/Conditions: ✱Keep Septic System at least 10' From house or 15ft from cut, 2ft or greater. Should have utilities marked, prior to installation of drainfield.

Scale 1:50 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: [signature] date 11/22/05 Installed by: Hallmon Construction

Improvement Permit by: Maria Hill Dotson RS date 11/21/05 Operation Permit by: Maria Hill Dotson RS date 6/16/06

Authorization to Construct by: Maria Hill Dotson RS date 11/21/05 Existing System Inspection by: ____ date ____

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