IREDELL COUNTY HEALTH DEPARTMENT

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

(11:30)

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

PERMIT# 0 76790 PIN# 4626 12 7142 DATE 10/24/98

OWNER OR CONTRACTOR REBECCA & HENRY RUSS PHONE: Business _____ Home _____

ADDRESS 406 HUNTSCROFT LN WINSTON SALEM NC 27106

LOCATION BRAWLEY SCHOOL - TR CHALKWOOD - TR INDIAN TRAIL - ON LT

SUBDIVISION CLOT BLOCK / SECTION 7 LOT 52 LOT AREA .72AC SITE CLASS. RS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 - ~~EXISTING~~ Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines 1@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: GRAVITY CHAMBERS OR HDS

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ ~~House/Mod. Home~~ No. Bedrooms ~~4~~ 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

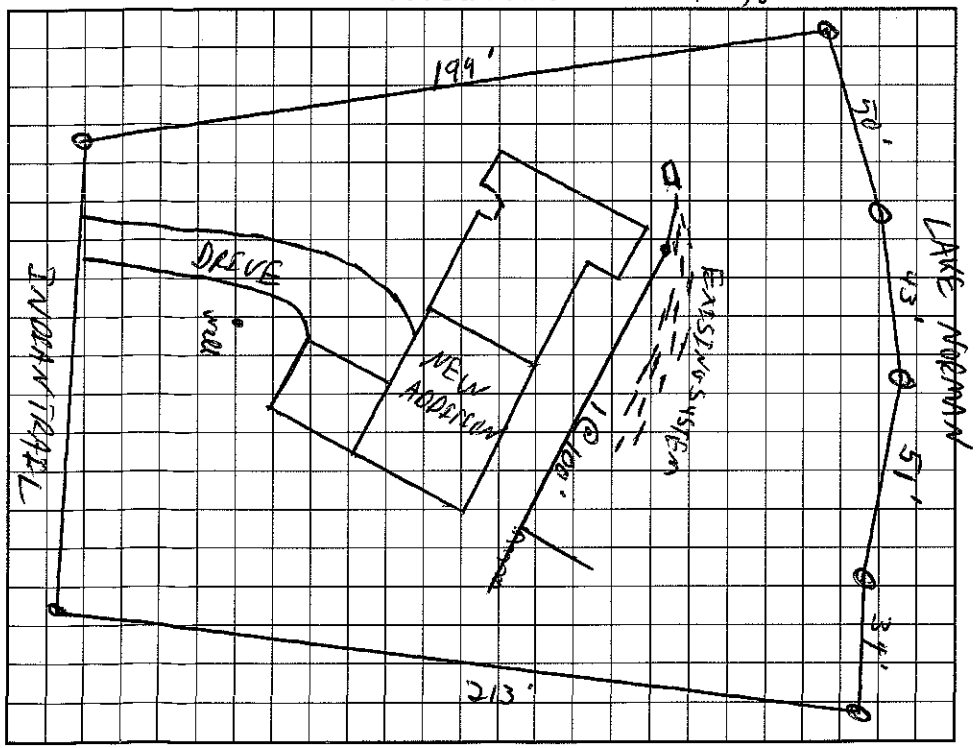
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ~~☐ Individual~~ ☐ Public ☐ Community

Comments:/Conditions: CHANGE FROM 3BR to 4BR - KEEP SYSTEM 50' FROM LAKE - SYSTEM DESIGN MAY CHANGE ~~SOME~~ SOME ACCORDING TO EXISTING SYSTEM

Comments:/Conditions:

INITIAL SITE SKETCH 1"=50'



AS BUILT SKETCH

I understand that this 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: Peyton Tuckr date 11/9/98 Installed by: PIEDMONT SEPTIC

Improvement Permit by: C. [illegible] RS date 10/24/98 Operation Permit by: C. [illegible] RS date 3/14/99

Authorization to Construct by: C. [illegible] RS date 10/24/98 Existing System Inspection by: _____ date _____

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