2500

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074265 PIN# 4626273574 DATE 6/10/98

OWNER OR CONTRACTOR MARK DELUKE PHONE: Business _____ Home 910-767-0648

ADDRESS 5641 WINDY HILL RD - WINSTON SALEM - NC 27105

LOCATION BRAWLEY SCHOOL - TR McGENDREE - TL 2nd KEMP - TL - .8 MILES ON RT

SUBDIVISION C.L.&T. BLOCK / SECTION 8 LOT 148 LOT AREA — SITE CLASS. DS DESIGN FLOW 360GPD L.T.A.R. .36 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 7/10/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200
No Lines 4 @ 50' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

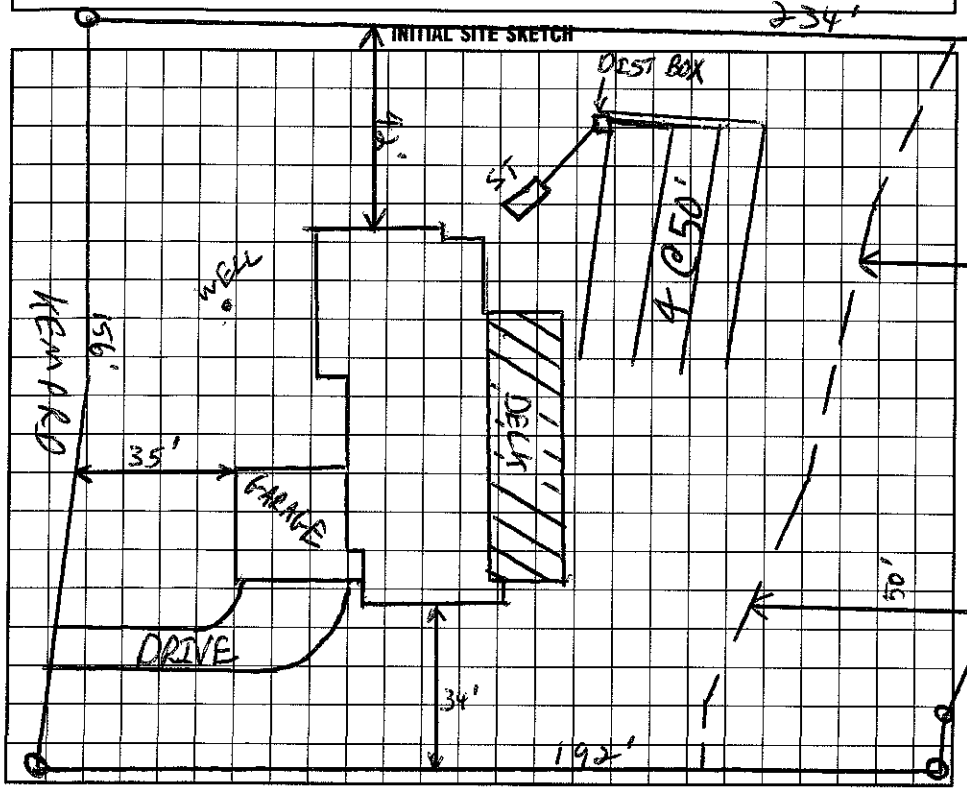
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

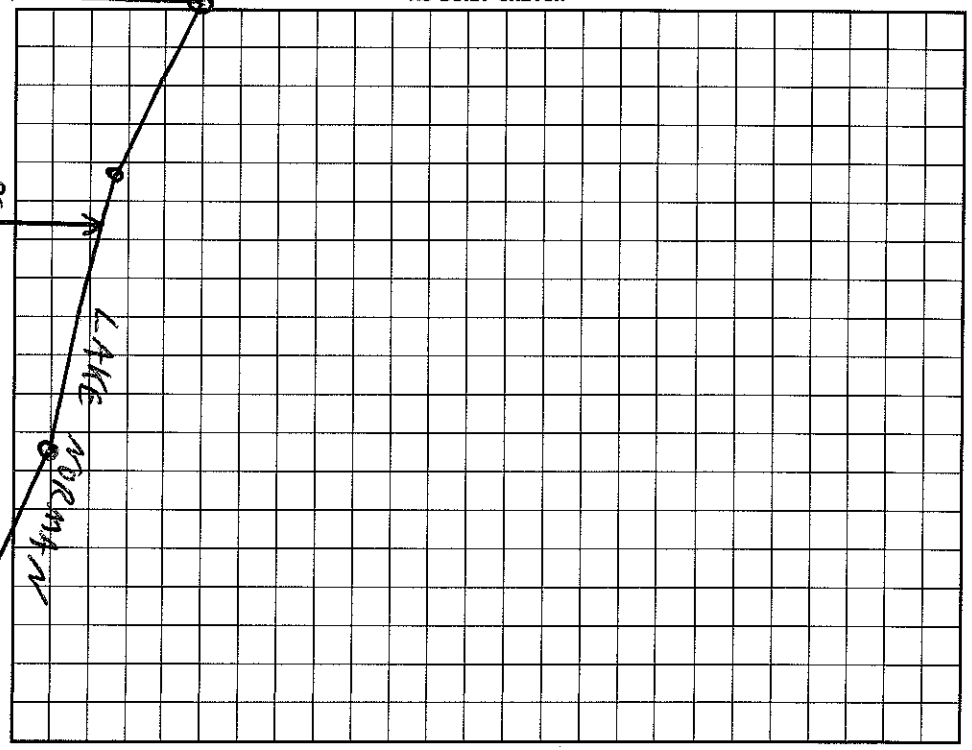
Comments:/Conditions: EXISTING SYSTEM ABANDONED AND DISPOSED OF PROPERLY. *
1"=40'

Comments:/Conditions:

INITIAL SITE SKETCH



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: ABJ By [signature] date 6-10-98 Installed by: FJ ERVIN

Improvement Permit by: C. [signature] date 6/10/98 Operation Permit by: C. [signature] date 10/2/98

Authorization to Construct by: C. [signature] date 6/10/98 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