IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101162 PIN# 4627617167 DATE 7/25/2001

OWNER OR CONTRACTOR Deborah S Conrad PHONE: Business 336 924-8978 Home 336 519-6234

ADDRESS 2471 Spicewood Dr Winston Salem, NC 27106

LOCATION Brawley School Rd TR McKendree TR Grasshopper Circle

SUBDIVISION C&T BLOCK / SECTION ___ LOT 452 LOT AREA ___ SITE CLASS. PS DESIGN FLOW 360gpd T.A.R. ___

Septic Tank: Existing Gallons; STB ___ Date ___

Pump Tank: Existing Gallons: ___ Date ___

Pump Make: ___ Model ___ Serial No. ___

Nitrification Field: No Fields ___ Square Feet ___ Linear Feet Existing Bed

No Lines ___ Trench Width ___ Max Trench Bottom Depth ___ Gravel Depth ___

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

System Description: Existing Gravity-Convention

Repair System Description: ___

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other ___

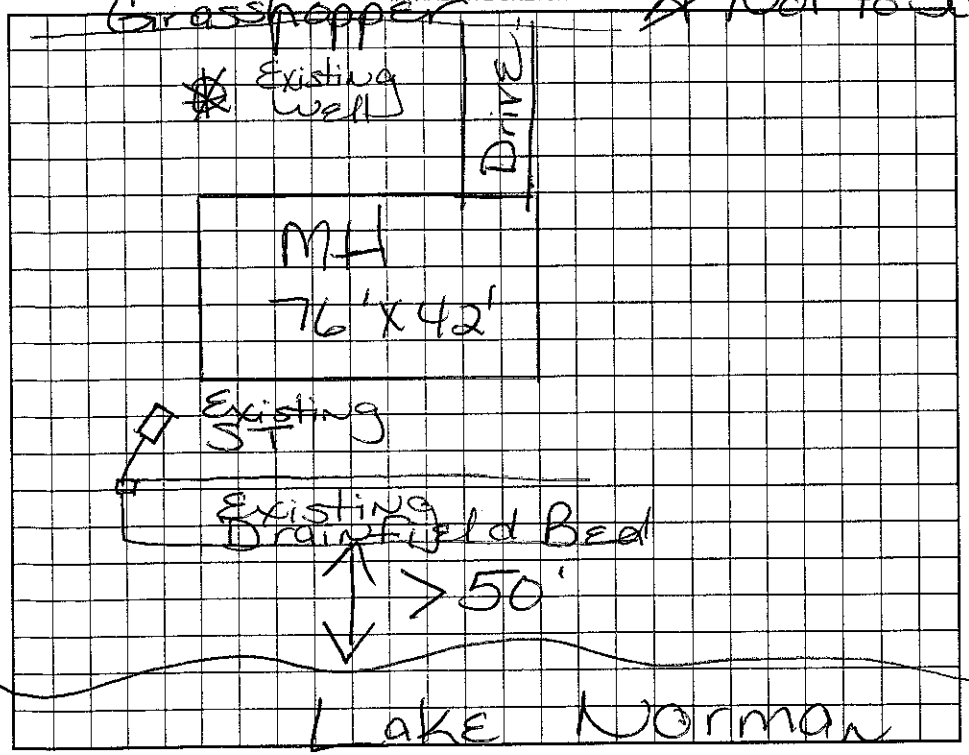
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

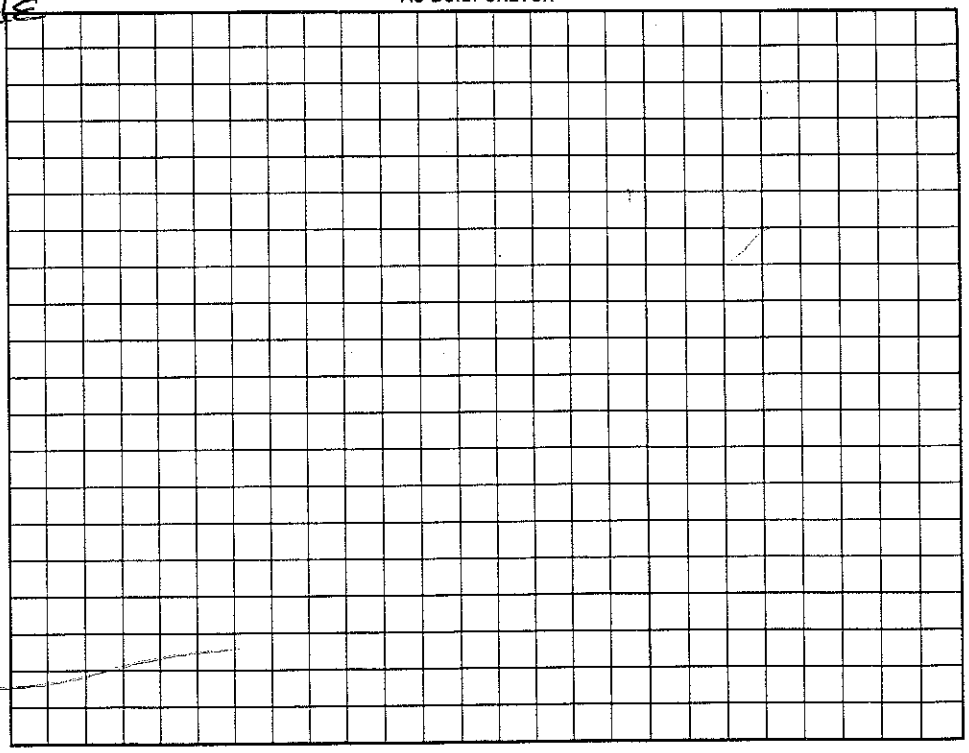
Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection. No problems noticed.

Comments:/Conditions: Must keep new home at least 5' from existing septic system. Do not grade or cut down lot near septic

INITIAL SITE SKETCH ✱ Not to Scale



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: ✕ Deborah S Conrad date ___

Improvement Permit by: Maria H. H. Edson, RS date 7/25/01

Authorization to Construct by: ___ date ___

Installed by: ___

Operation Permit by: ___ date ___

Existing System Inspection by: Maria H. H. Edson date 7/25/01

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

1963

IREDELL COUNTY HEALTH DEPARTMENT

ville Phone TR 3-7271 Mooresville Ph : NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

mit NO. _____ Permit Date 2 Feb 1967

Owner Mr. Yost Address Kannapolis N.C.

Installed By Massey Septic Tank Co Address Concord, N.C

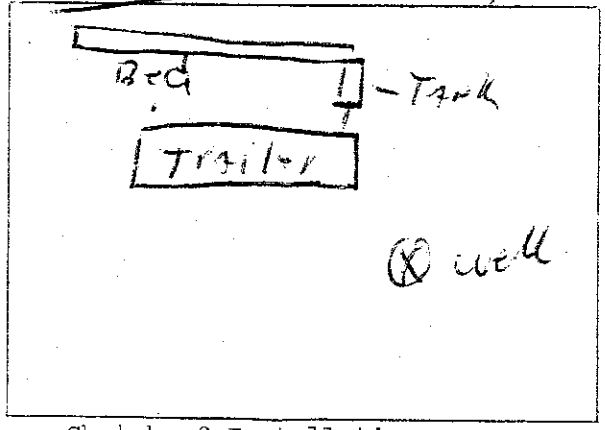
Location of Property Sect 8

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	(✓)	225'	(✓)	No. of Baths	( )
Precast	(✓)	1250	( )	250'	( )	Dishwasher	( )
		1500	( )	Other		Garbage Grdr.	( )
		Other				Other	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 2 Feb 1967 Approved (✓) Disapproved ( )

Remarks



Sketch of Installation

Ray Scoggins

Sanitarian