IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 File under this name MOORESVILLE 704-664-5281

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

PERMIT# 092492 PIN# 4628947868 (James Parkin (336) DATE 10/16/2000

OWNER OR CONTRACTOR Joshua Brown Construction PHONE: Business Home 6798739

ADDRESS 1449 Shacktown Rd. Yadkinville, NC 27055

LOCATION Hwy 150 W TR Robinson TL mail brook at end

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA .66Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. ____

Septic Tank: Existing Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 750 Linear Feet 250

No Lines 3 Trench Width 9' Max Trench Bottom Depth ____ Gravel Depth 10"

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

System Description: Existing Gravity Conventional

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

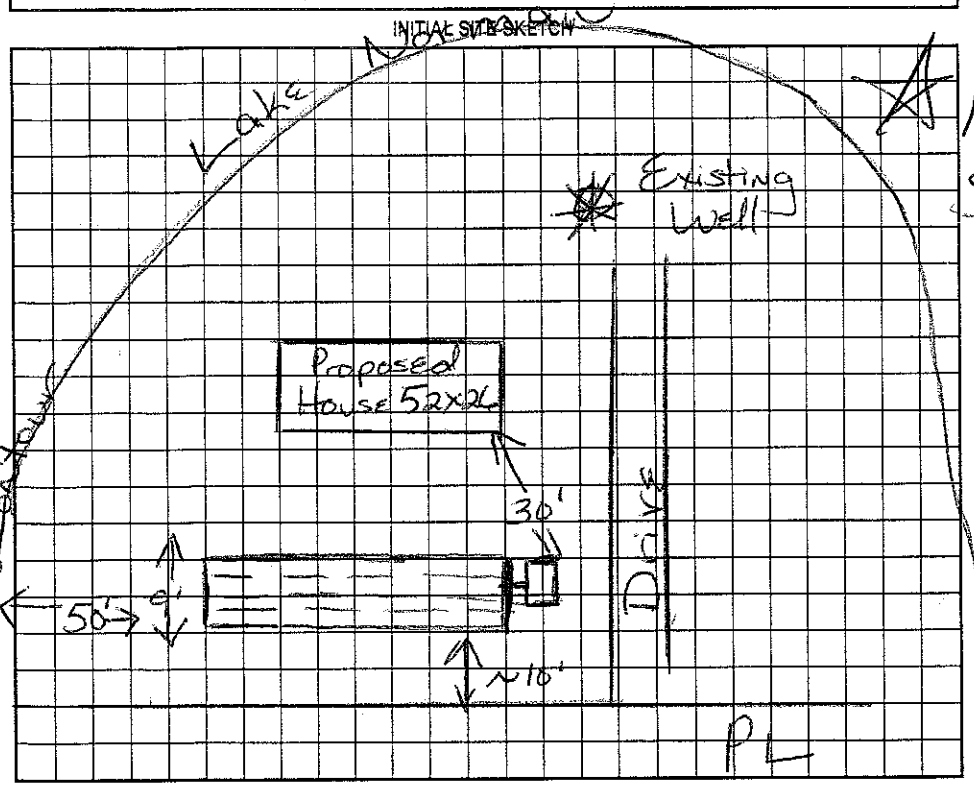
☒ Slab ☐ Crawl Space ☒ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions: Existing Septic System appears to be Functioning okay at time of inspection, No problems Noticed.

Comments:/Conditions: Basement floor can not be deeper than Septic System Keep house at least 5' from Septic System.

INITIAL SITE SKETCH



AS BUILT SKETCH

Not to Scale.

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: Jenny Brown date ____ Installed by: ____

Improvement Permit by: Maria H. Dolan RS date 10/16/2000 Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Maria H. Dolan RS date 10/16/2000

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