IREDELL COUNTY HEALTH DEPARTMENT

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

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

CI 336-971-5481 BAY

PERMIT# 130191 PIN# 4662943875? DATE ~~1-4-07~~ 1-4-07

OWNER OR APPLICANT Bay Colbert PHONE: Business _____ Home _____

ADDRESS 4030 Buck Acres Lane Winston-Salem NC 27106

LOCATION Shelly Pool Road (RD) Morisca Church RD (TR) Right Lane on Right

SUBDIVISION Lands Bay BLOCK / SECTION _____ LOT 21 LOT AREA 2+ 2/A SITE CLASS. _____ DESIGN FLOW 480 L.T.A.R. _____

Septic Tank: 1000 Gallons: STB [illegible] Date 1-2-07

Pump Tank: 1000 Gallons: PT [illegible] Date 2-28-07

Pump Make: _____ Model Myers Serial-No. My 150-21

Nitrification Field: No Fields ___ Square Feet 1800 Linear Feet 400

No Lines 4 Trench Width 3 Feet Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 2540 pump

Repair System Description: 3040 Pressure

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ___ No. Employees ___

Water Supply: ☐ Individual ☐ Public ☐ Community

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

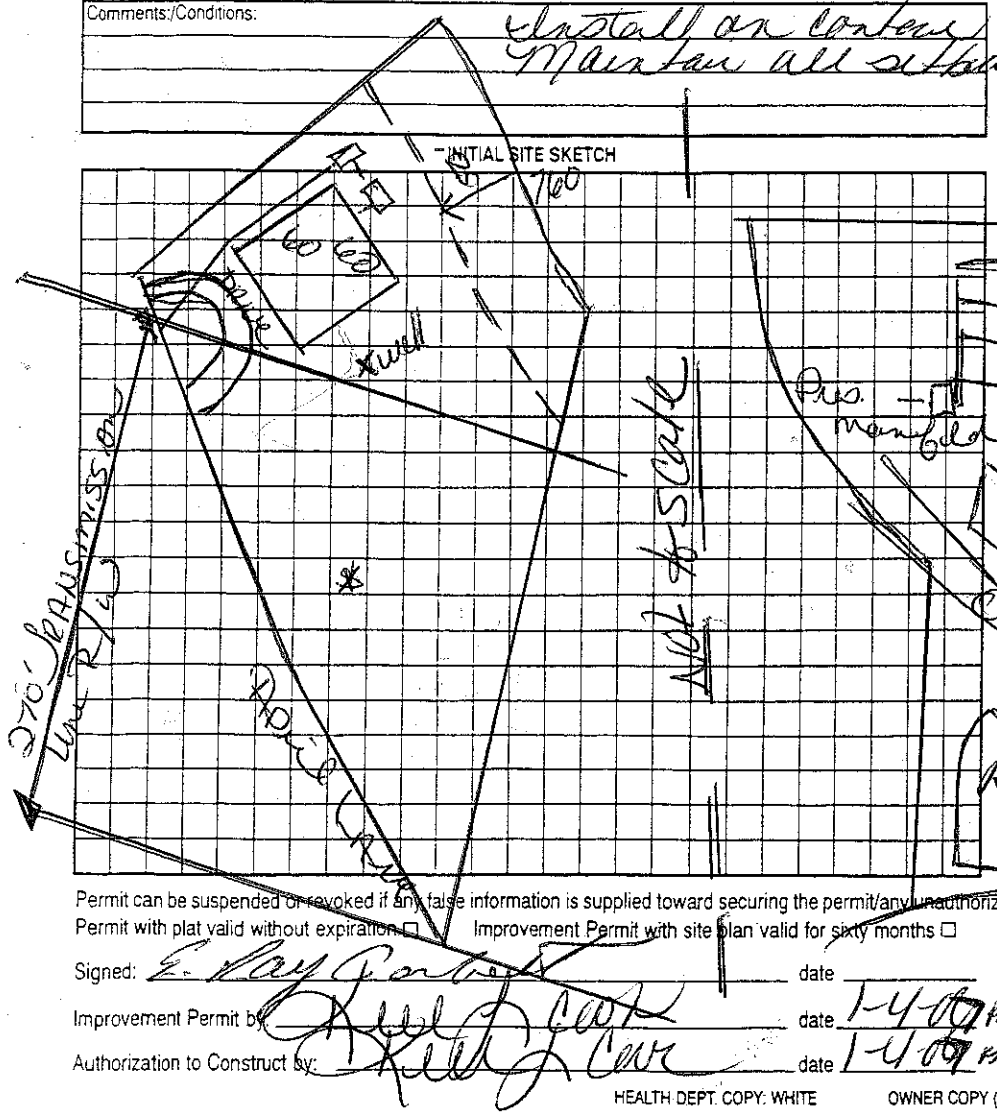
Comments:/Conditions:

Install on contour
Maintain all setbacks

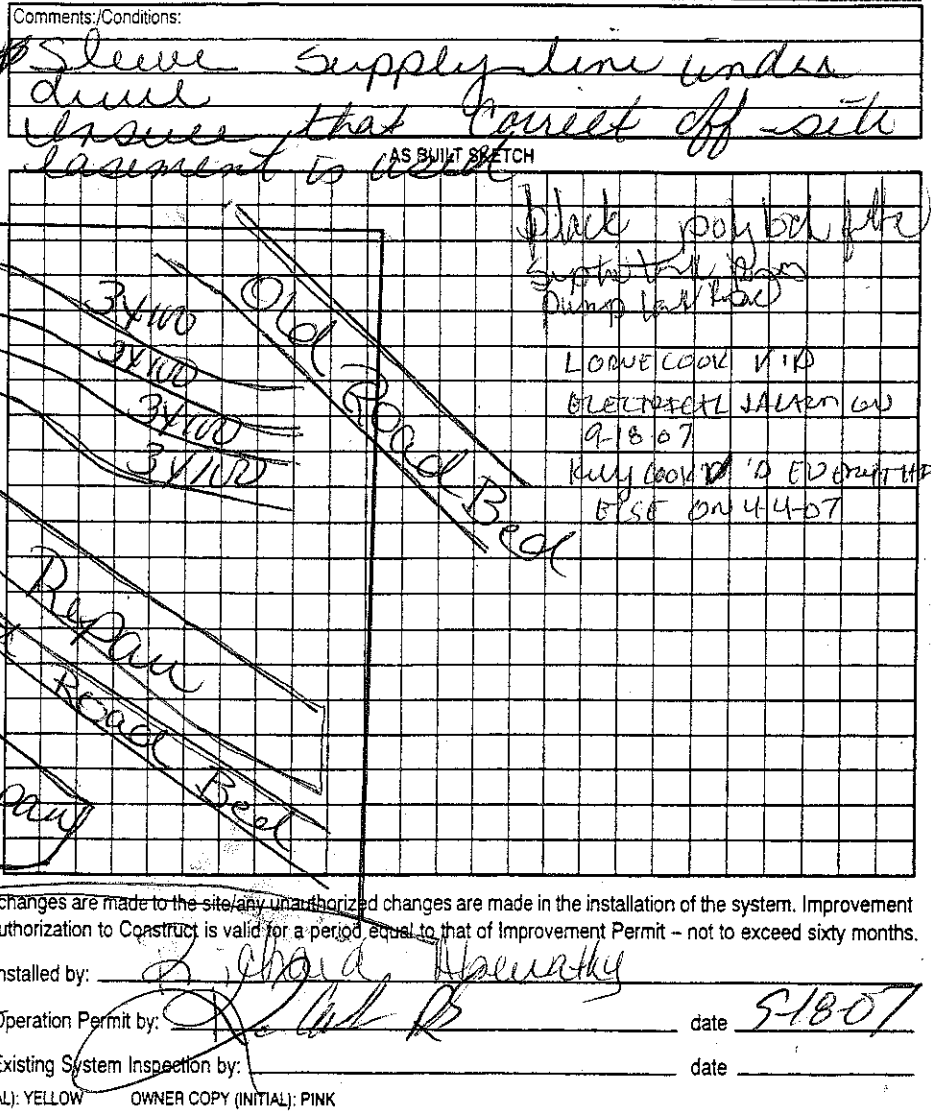
Comments:/Conditions:

Sleeve supply line under drive
Insure that Gravel Off-site easement is used

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: E. Ray Cantrell date _____ Installed by: Richard Abernathy

Improvement Permit by: Kelly Cook date 1-4-07 Operation Permit by: [signature] date 9-18-07

Authorization to Construct by: Kelly Cook date 1-4-07 Existing System Inspection by: _____ date _____

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

