IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (a) MOORESVILLE 704-664-5281

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

(1)

PERMIT# 115431 PIN# 4629-70-2918 DATE 11-1-04

OWNER OR CONTRACTOR R&P INC PHONE: Business _____ Home 336-354-1400

ADDRESS 715 COLISEUM DR Winston Salem, NC 27106

LOCATION PORTH RD SOUTH (B) STATE PARK (C) MORRIS FARM (D) ROBBINS (E) AT LOT # 37

SUBDIVISION ALLENDALE PT BLOCK / SECTION _____ LOT 37 LOT AREA .55 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB NAR Date 8-21-05
Pump Tank: 1000 Gallons; PT 4 Date 6-25-05
Pump Make: Goulds Model WE03S/2HP Serial No. K056685A
Nitrification Field: No Fields 1 Square Feet EQUIVALENT Linear Feet 200'
No Lines 4x50' 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: Pump 50% REDUCT
Repair System Description: LOW PRESS 50% REDUCT
Maintenance Agreement Required: ☐ Yes ☒ No

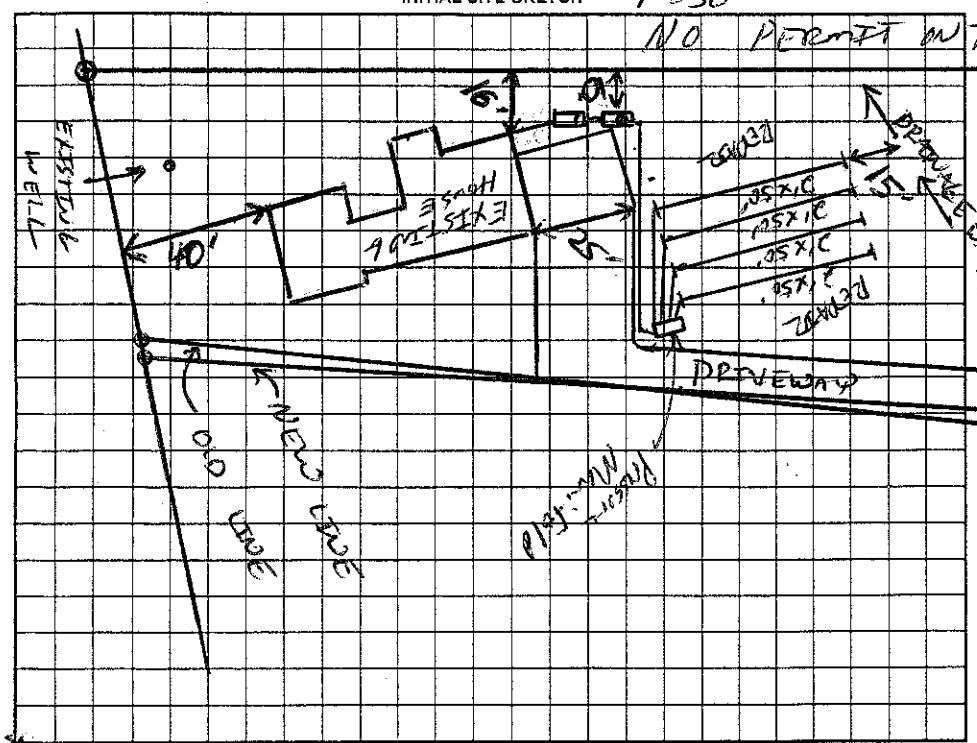
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2½
☐ Business No. Employees ____
☐ Other _____
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community EXISTING

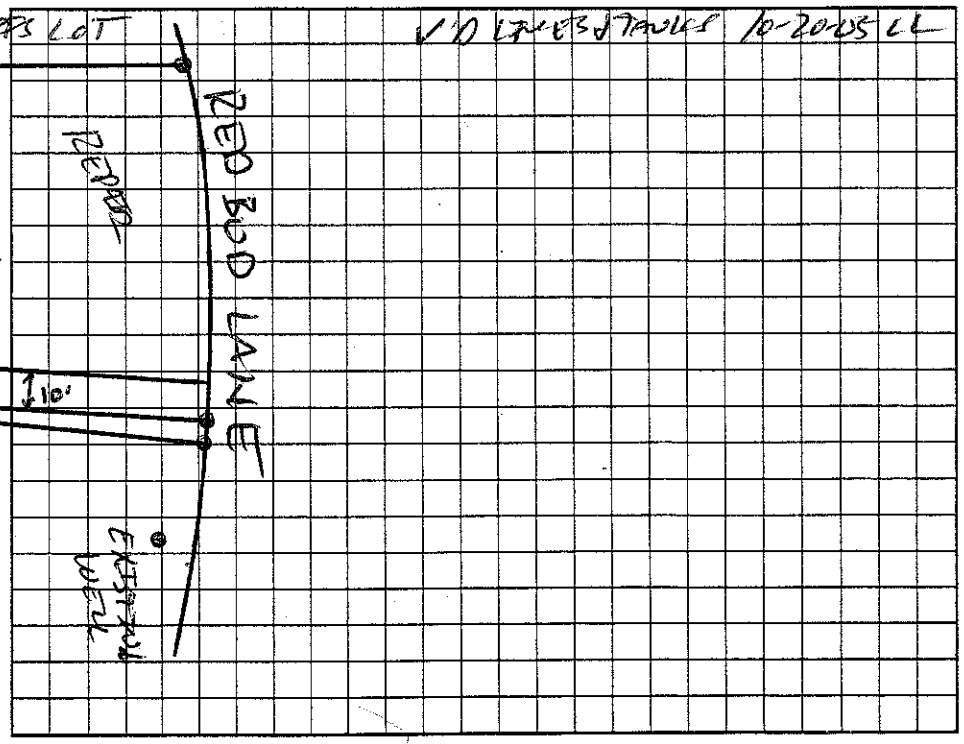
Comments:/Conditions: (1) INSTALL LINES ON CONTOURS (2) MAINTAIN SETBACKS (3) SYSTEM PUMPED OUT COMPLETELY & HOUSE & WELL ARE EXISTING AT TIME OF LOT. (4) ALL PRIOR TO INSTALLATION

Comments:/Conditions: FOR SYSTEM SPECS & PUMP SIZING IF NECESSARY.

INITIAL SITE SKETCH 1"=50'



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: RC date 11-02-04 Installed by: Steve Jordan

Improvement Permit by: _____ date 11-1-04 Operation Permit by: _____ date 10-28-09

Authorization to Construct by: _____ date 11-1-04 Existing System Inspection by: _____ date _____

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