IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074651 PIN# 4638 13 8108 DATE 5/4/98

OWNER OR CONTRACTOR ANDY SMITH PHONE: Business Home 436-6673 (770)

ADDRESS 108 RADFORD CIRCLE - MARIETTA, GA 30060

LOCATION HWY 150 - TR ROBERSON RD - LOT ON RT NEAR END

SUBDIVISION ROBINSON WOODS BLOCK / SECTION 2 LOT 22 LOT AREA 1.11AC SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 4/21/00

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ± 1620 Linear Feet 540

No Lines 6 @ 90' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: GRAVITY PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

☐ Other ____

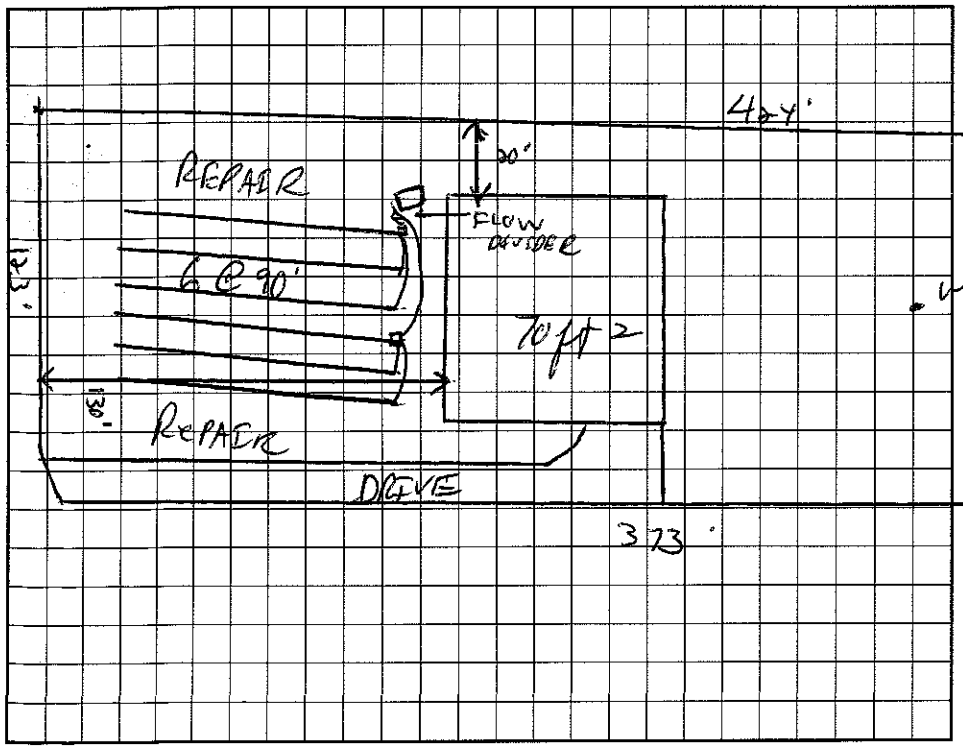
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

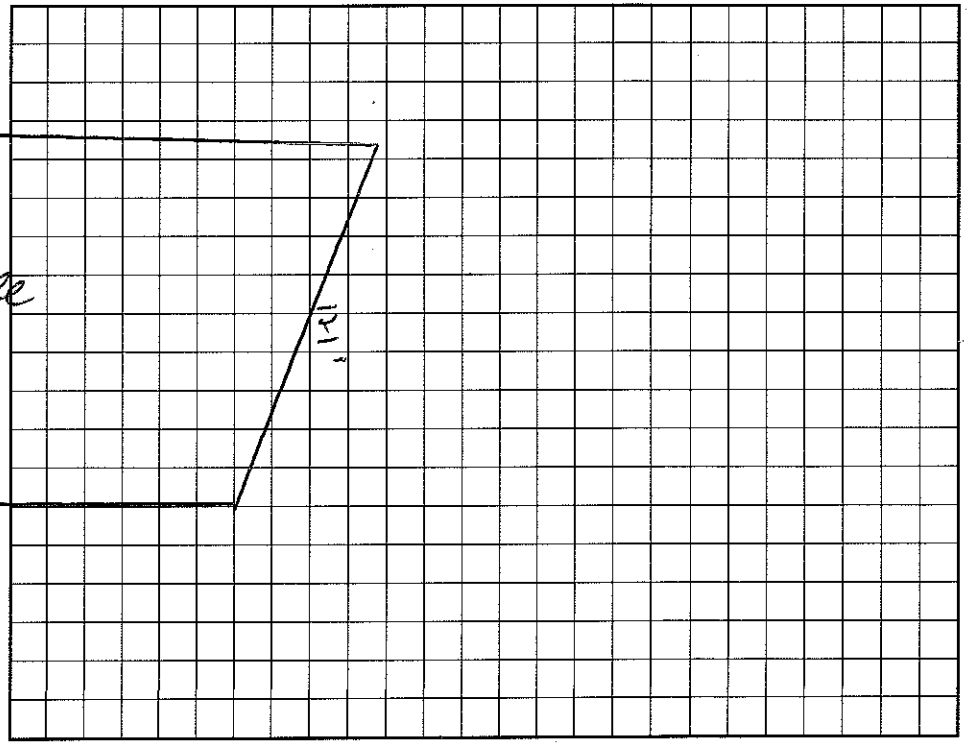
Comments:/Conditions:

Comments:/Conditions: ½ BASEMENT

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: Cynthia Hooper date 8/5/97 Installed by: David Youngtz

Improvement Permit by: C. Hooper ES date 5/4/98 Operation Permit by: Wesley Sparks RS date 6/27/00

Authorization to Construct by: C. Hooper ES date 5/4/98 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