IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082716 PIN# 4639014369 DATE 7/19/99

OWNER OR CONTRACTOR Joseph Zahran PHONE: Business (336) 854-8282 Home 528-4115

ADDRESS 104 Wedgedale Ave. Greensboro, NC 27403

LOCATION Perth TR Fern Hill TR Riverbend TR Cheshire on left

SUBDIVISION Duke Sec 15 BLOCK / SECTION 15 LOT 183 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. Existing

Septic Tank: _____ Gallons; STB _____ Date _____

Pump Tank: Existing Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

No Lines Existing Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing

Repair System Description: Grav/Conv.

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

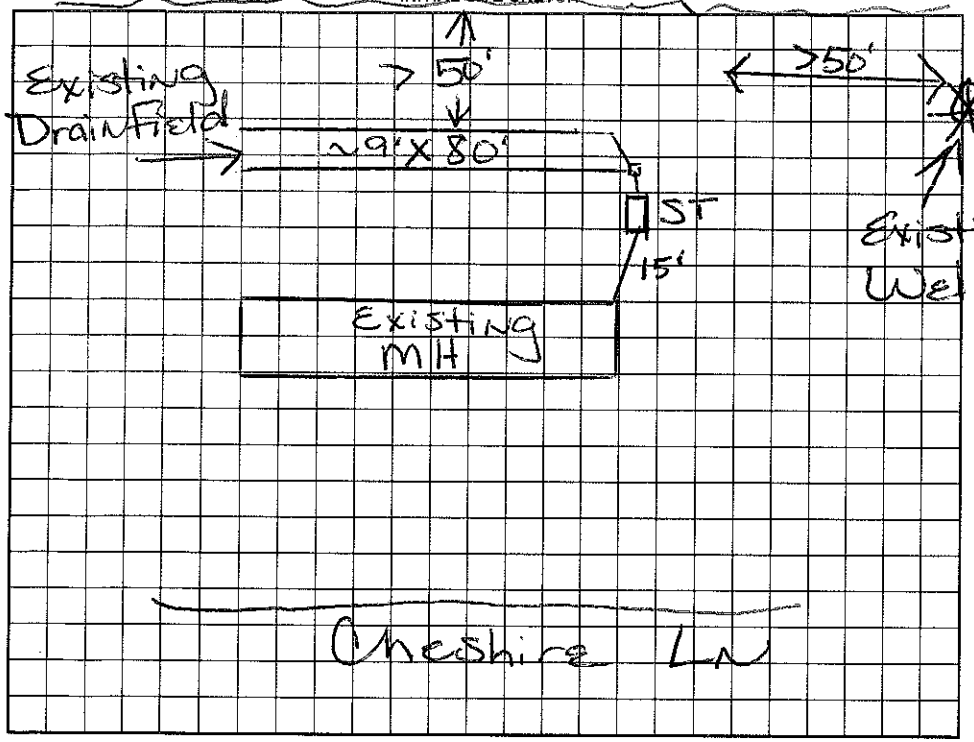
Water Supply: ☒ Individual ☐ Public ☐ Community

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

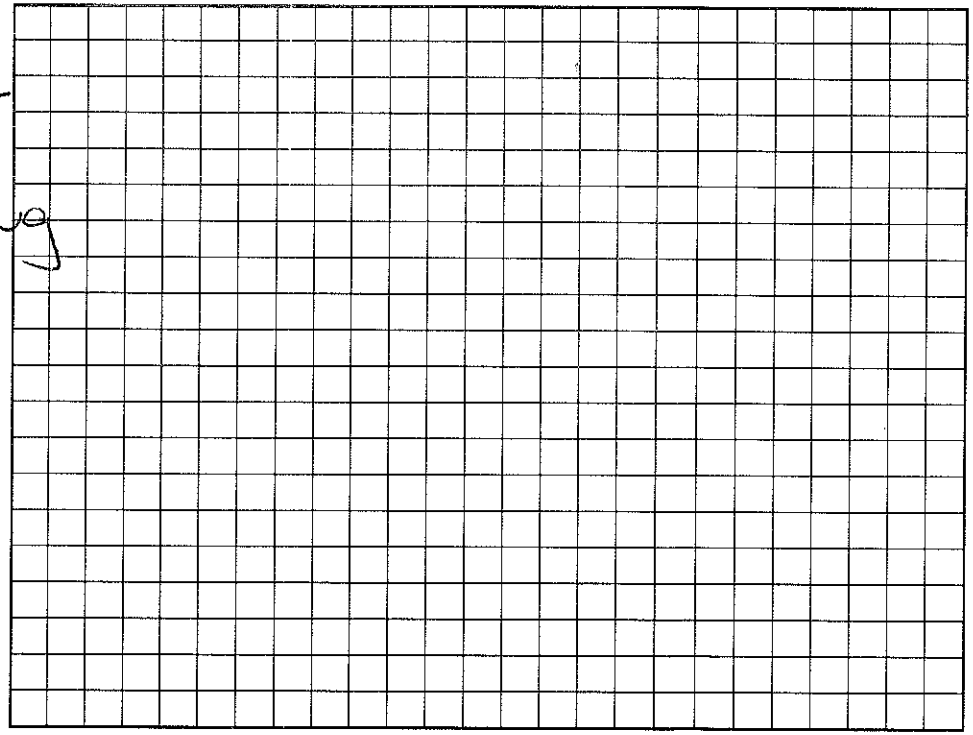
Comments:/Conditions: Overgrowth over drainlines needs to be cut down, owner was informed of this, he will cut this down.

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: X _____ date 7/19/99 Installed by: _____

Improvement Permit by: Maiva H. Dotson RS date 7/19/99 Operation Permit by: _____ date _____

Authorization to Construct by: Maiva H. Dotson RS date 7/19/99 Existing System Inspection by: Maiva H. Dotson RS date 7/19/99

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