IREDELL COUNTY HEALTH DEPARTMENT

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

11:30

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

PERMIT# 073386 PIN# 4639 48 4522 DATE 10/27/2000

OWNER OR CONTRACTOR Warren Smith PHONE: Business 363-1622 Home

ADDRESS P.O. Box 4418 Davidson, NC 28036

LOCATION Perth Rd TL Neill Farm, Stay left on WindingShore - 2 miles on right

SUBDIVISION Northwood BLOCK / SECTION II LOT 19 LOT AREA SITE CLASS. PSV DESIGN FLOW 480gpd L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 794 Date 10/2/00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1386' Linear Feet 462'
No Lines 6@ 77' 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: Grav. Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3.5
☐ Business No. Employees
☐ Other

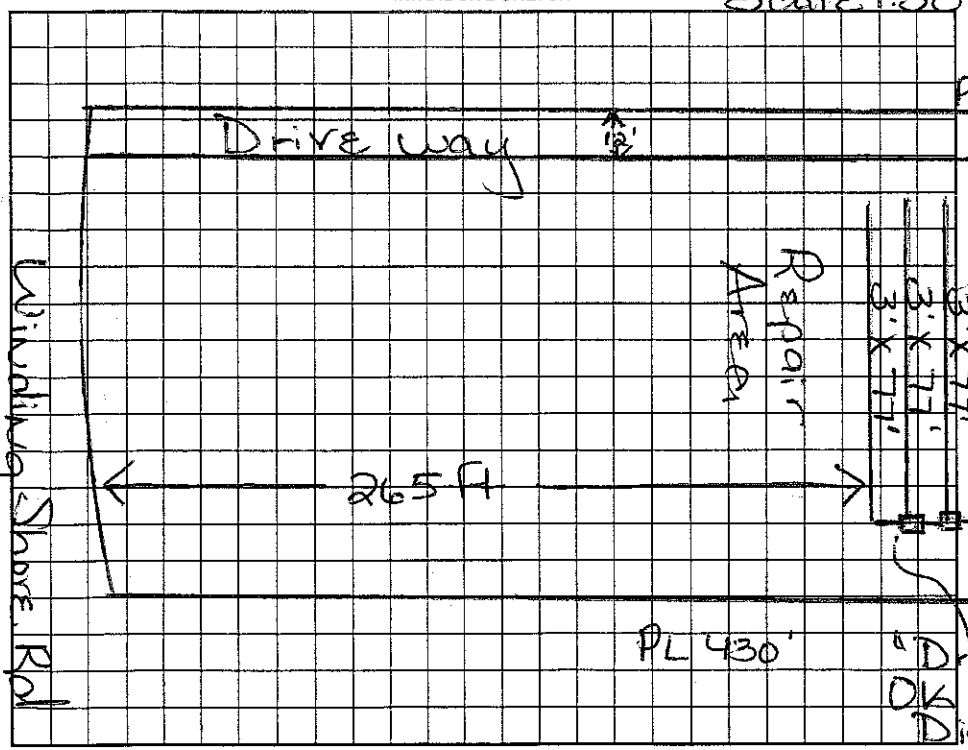
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

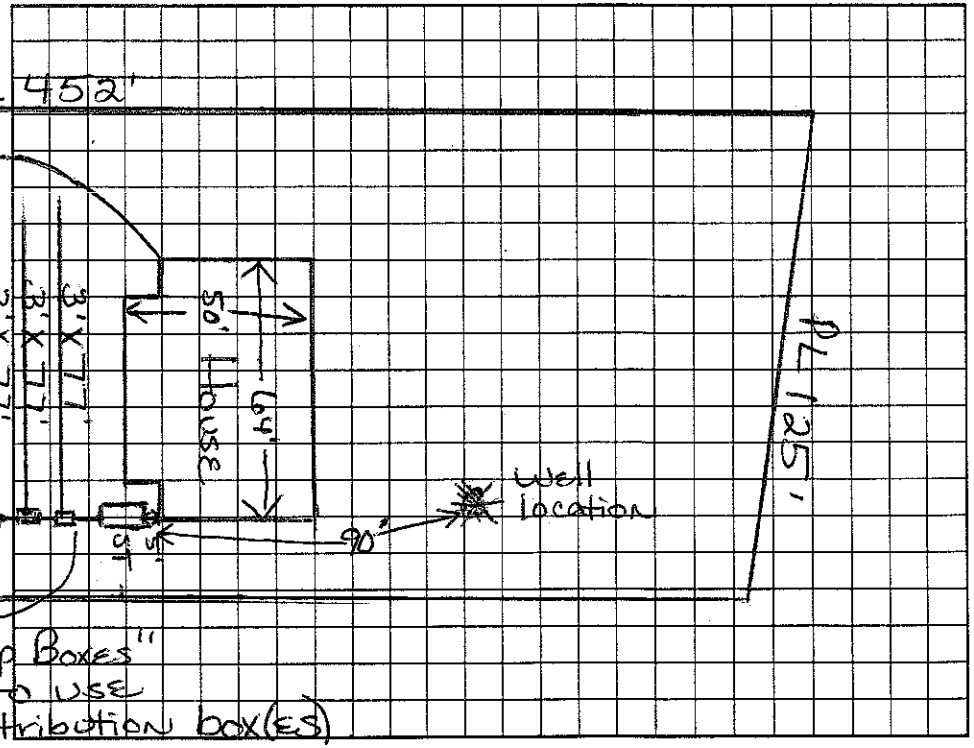
Comments:/Conditions: Keep Septic System at least 5' from house & 10' From PL & at least 50' From any well.

Comments:/Conditions:

INITIAL SITE SKETCH Scale 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: date 10/31/00 Installed by: Larry Beam

Improvement Permit by: Maria H.H. Dotson RS. date 10/27/00 Operation Permit by: Wesley Sparks R.S. date 11/3/00

Authorization to Construct by: Maria H.H. Dotson RS date 10/27/2000 Existing System Inspection by: date

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