IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 071258 PIN# 4648116546 DATE 1/20/98

OWNER OR CONTRACTOR Myron Yoder PHONE: Business _____ Home (704) 857-5951

ADDRESS 613 East Ridge Ave Landis, NC 28088

LOCATION 150 W TR Bluefield TC Big Indian TC McINNIS

SUBDIVISION The Shutts BLOCK / SECTION _____ LOT 5 LOT AREA .58 Acre SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB Existing

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 625 Linear Feet 250

No Lines 3 Trench Width _____ Max Trench Bottom Depth Existing Gravel Depth 10"

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

System Description: Existing Grav. Conv.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

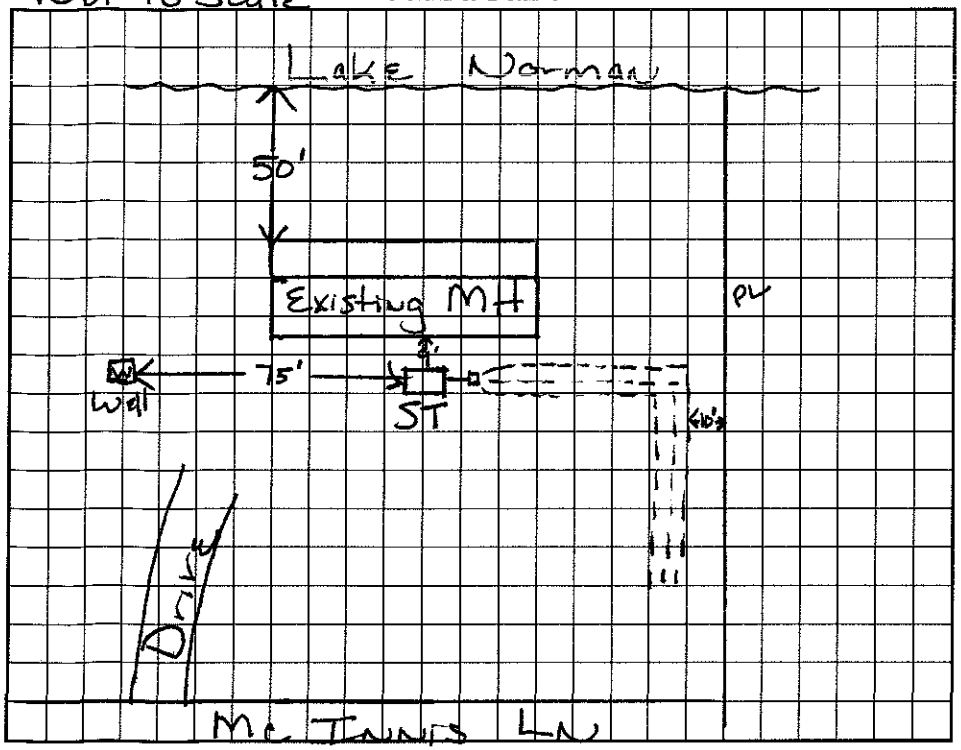
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community
Shared Well

Comments:/Conditions: Existing System appears to be working Okay at time of inspection, No problems were visible.

Comments:/Conditions: New M.H must be at least 5' from any part of Septic System. Originally permitted / installed 3/22/74

Not to Scale **INITIAL SITE SKETCH**



AS BUILT SKETCH Addition permitted 3/24/81

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: Myron Yoder date _____

Improvement Permit by: Maria H. Dotson date 1/20/98

Authorization to Construct by: Maria H. Dotson date 1/20/98

Existing System

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maria Dotson date 1/20/98

HEALTH DEPT COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD