IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100530 PIN# 4648148061 DATE 10-2-2001

OWNER OR CONTRACTOR Toby Robertson PHONE: Business (336) 345-0647 Home (336) 4062323

ADDRESS 425 Ashbury Run Dr. Winston Salem, NC 27106

LOCATION Hwy 150 TR Bluefield TC Big Indian 1.7mi. on left — 541 Big Indian Lp.

SUBDIVISION CL&T BLOCK / SECTION 12 LOT 50 LOT AREA 1.01 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 5-11-00

Pump Tank: 1000 Gallons; PT 302 Date 6-15-00

Pump Make: Zoeller Model N137 Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump (PM) 25% Reduction

Repair System Description: Lot in Existence prior to 1983

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 5 No. Employees

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

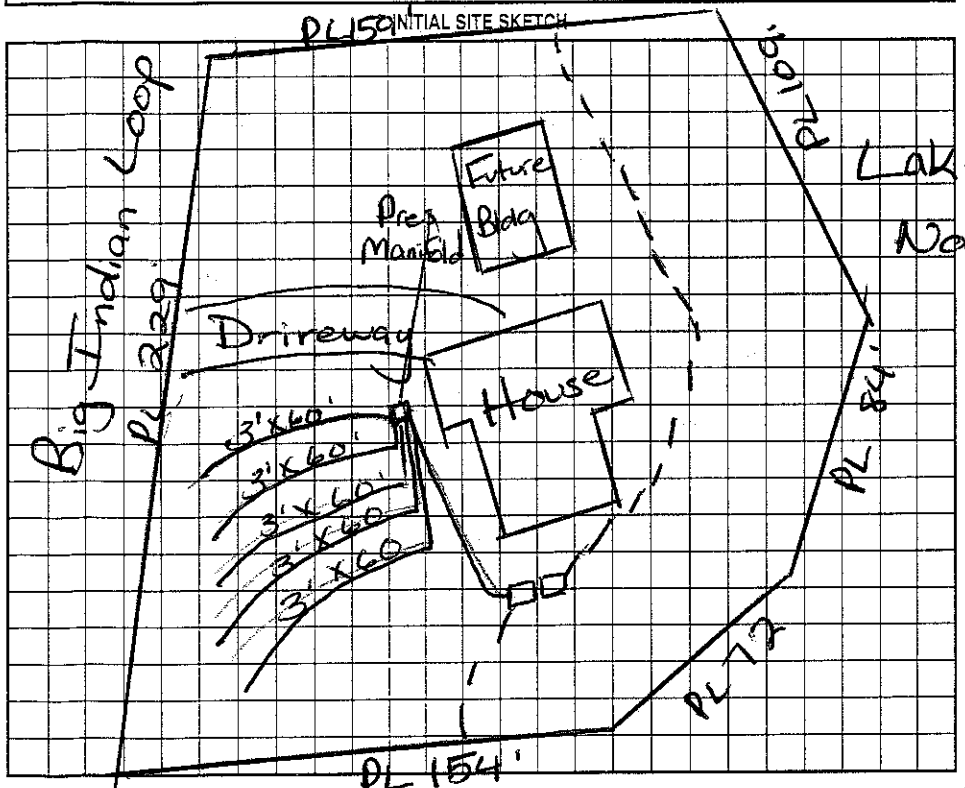
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: 10/2/2001 Check tanks, lines & pressure

Filter cheaked

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed EZ Flow Drainfield as Drawn

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: [signature] date 12/31/01

Improvement Permit by: [signature] RS date

Authorization to Construct by: [signature] date 12/31/01

Installed by: Delbert Bostian

Operation Permit by: [signature] RS date 12/31/01

Existing System Inspection by: date

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