Recomb Plat Weeks + Tobin

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074063 PIN# 4655162255 4655 16 3351 DATE 7/21/98

OWNER OR CONTRACTOR RICHARD TOBIN PHONE: Business _____ Home 892-9233

ADDRESS PO BOX 811 DAVIDSON NC 28036

LOCATION 1155 - TL HOBBS LN - 200 YRD ON LT 129 Hobbs Ln.

SUBDIVISION TORRENCE TAVERN BLOCK / SECTION _____ LOT 1 LOT AREA 1.71AC SITE CLASS. 5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 3/12/98

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3@133 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: PUMP CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

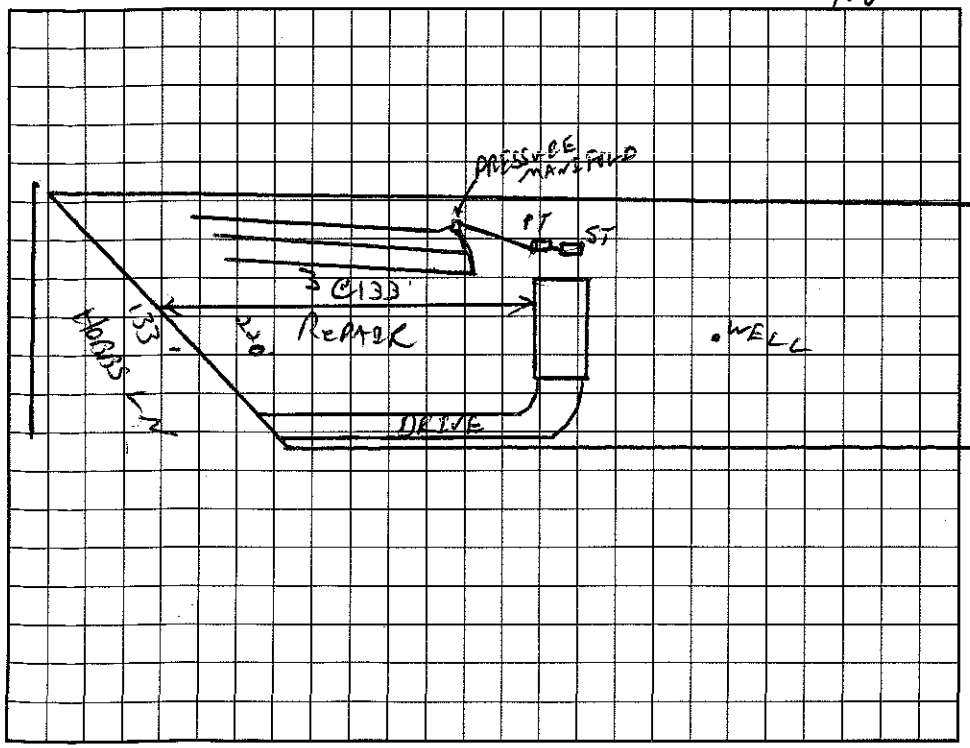
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

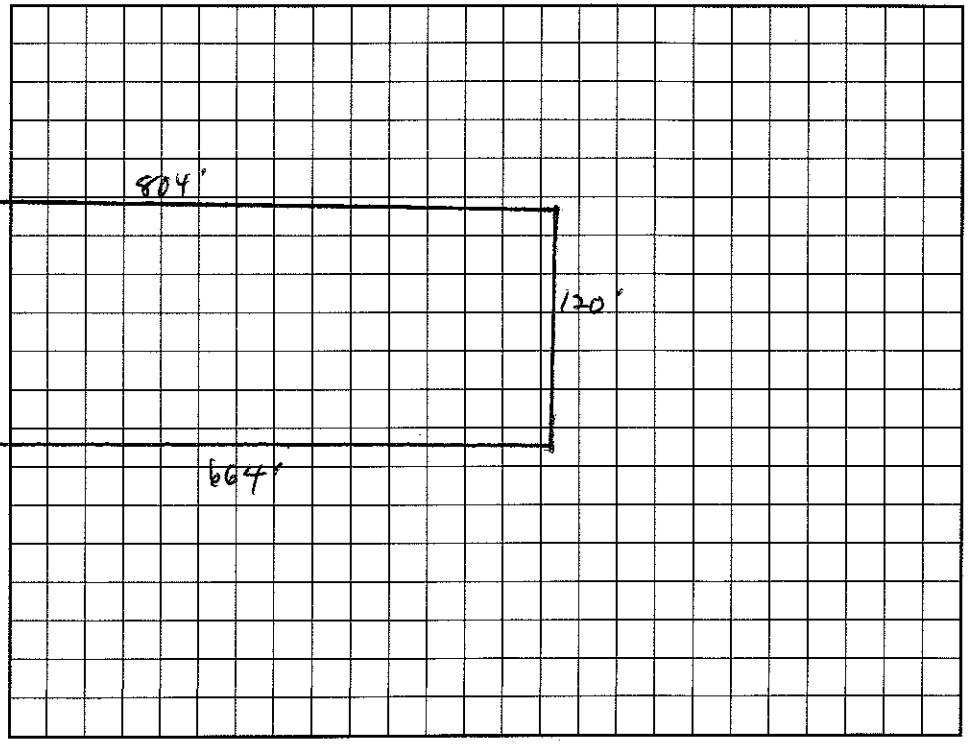
Comments:/Conditions:

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INITIAL SITE SKETCH 1" = 100'



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: Michelle Weaver Agent for Richard Tobin date 7/21/98

Improvement Permit by: C. Ray Tatum RS date 7/21/98

Authorization to Construct by: C. Ray Tatum RS date 7/21/98

Installed by: E. ELDER

Operation Permit by: C. Ray Tatum RS date 7/2/99

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