IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094107 PIN# 4676361942 DATE 2/6/2001

OWNER OR CONTRACTOR Dennis Rubino PHONE: Business _____ Home 489-0657

ADDRESS 8161 Mountain Shore Dr, Sherrills Ford, NC 28673

LOCATION (599 Brumley Rd) Main St TR Linwood Rd TL Brumley ~.2 miles

SUBDIVISION Quail Hill BLOCK/ SECTION 1 LOT 35 LOT AREA 1.0 Acre SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Existing

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model Existing Serial No. _____

Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 280

No Lines 4 Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 12"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI (2)

System Description: Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 2 No. Bathrooms 1 No. Employees _____

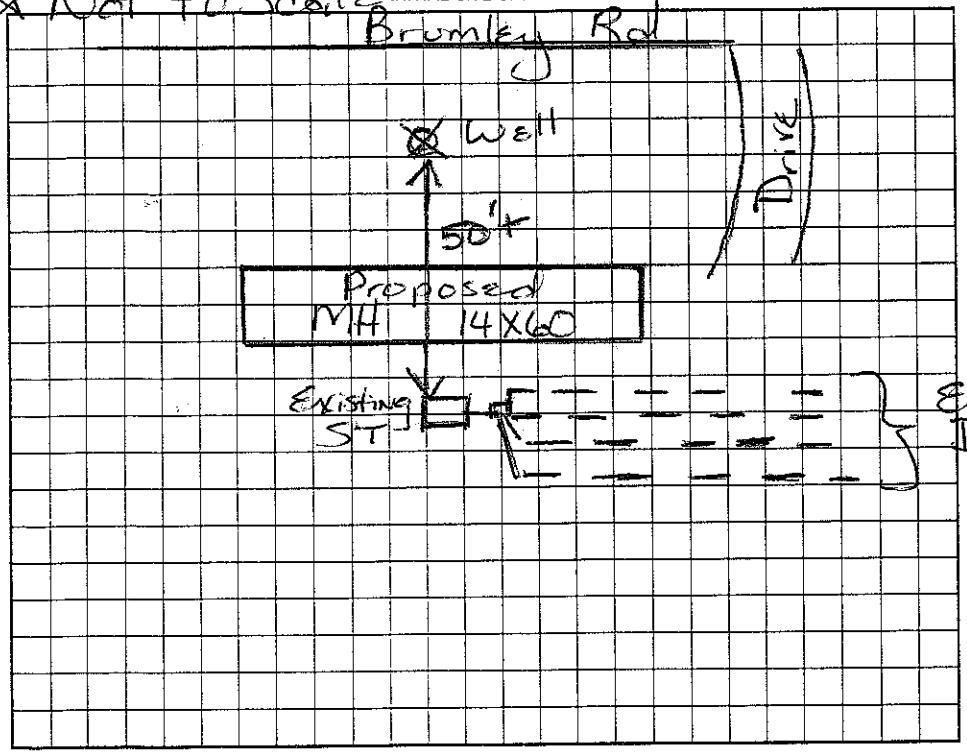
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

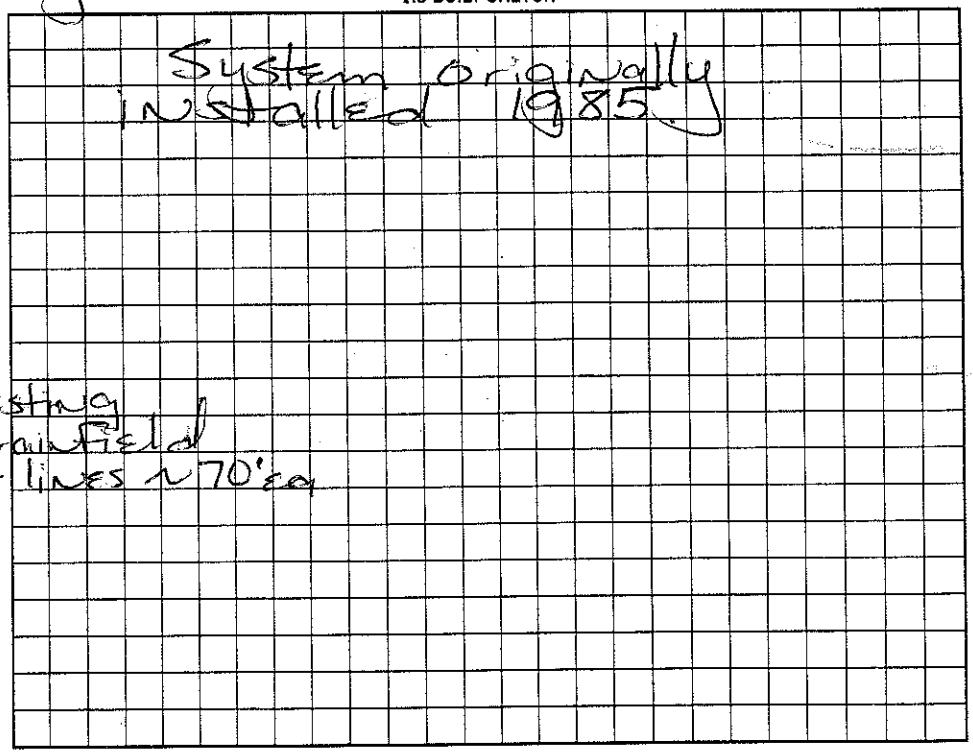
Comments:/Conditions: Existing Septic System Functioning okay at time of inspection, no problems noticed.

Comments:/Conditions: Keep New Home at least 5' from Septic System. Keep Vehicles off drainlines System was permitted for 3 Bedrooms

* Not to Scale INITIAL SITE SKETCH



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: Dennis C Rubino date _____

Improvement Permit by: Maria H Colon RS date 2/6/2001

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maria H Colon RS date 2/6/2001

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