IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088779 PIN# 4712 42 1975 DATE June 6, 2000

OWNER OR CONTRACTOR Sharon W. York PHONE: Business 336-766-8001 Home

ADDRESS 1435 Louisville Rd Clemmons 27012

LOCATION Old Mtn. Rd. from Tennessee Th Buffalo Shoals Rd TR Eufola Rd n 3/4 mile on left

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.56A± SITE CLASS 15 DESIGN FLOW 360gpd L.T.A.R. .03 (Front yard)

Septic Tank: 1000 Gallons: STB 1012 Date 7-2-00
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

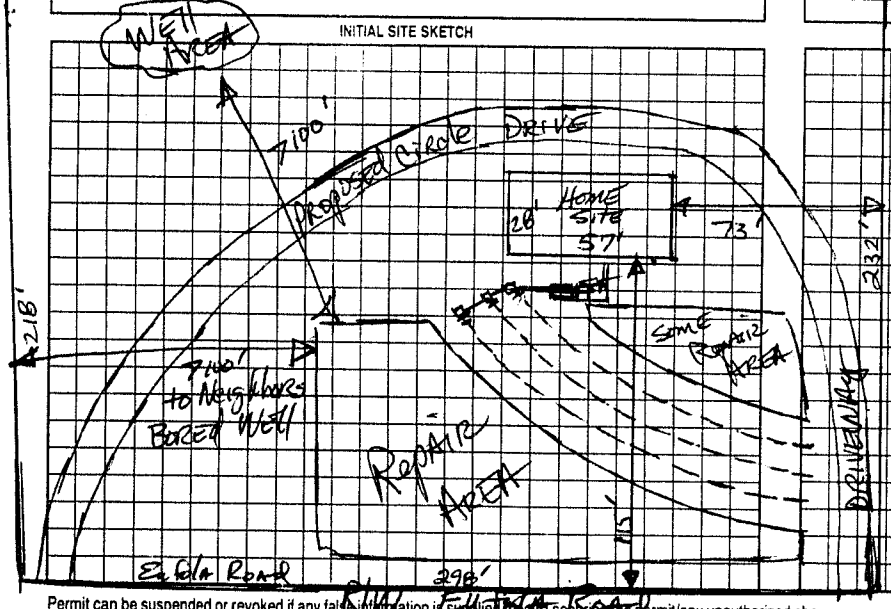
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: 369'

Comments/Conditions: Single 1-Box w/ Leaders may be used in lieu of Drop Boxes.

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED DEEP (42") DUE TO GRADING AT HOUSE FOUNDATION

Permit can be suspended or revoked if any false information is supplied to obtain said 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: Talmage Wilson for SHARON YORK date

Improvement Permit by: [signature] date 6-6-00

Authorization to Construct by: [signature] date 6-6-00

Installed by: CRAIG THOMPSON

Operation Permit by: STEVE HENDRICK date 10-9-00

Existing System Inspection by: date

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