IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 78129 PIN# 476165 1580 DATE 12-16-98

OWNER OR CONTRACTOR Robert Brown PHONE: Business ______ Home ______

ADDRESS 1239 Oswalt Amity

LOCATION 1155 Th Oswalt Amity before Hemlock rt on left

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 1.76 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .28

Septic Tank: 1000 Gallons; STB 760 Date 9-28-98
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1305 Linear Feet 435
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: conv. Gravity
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

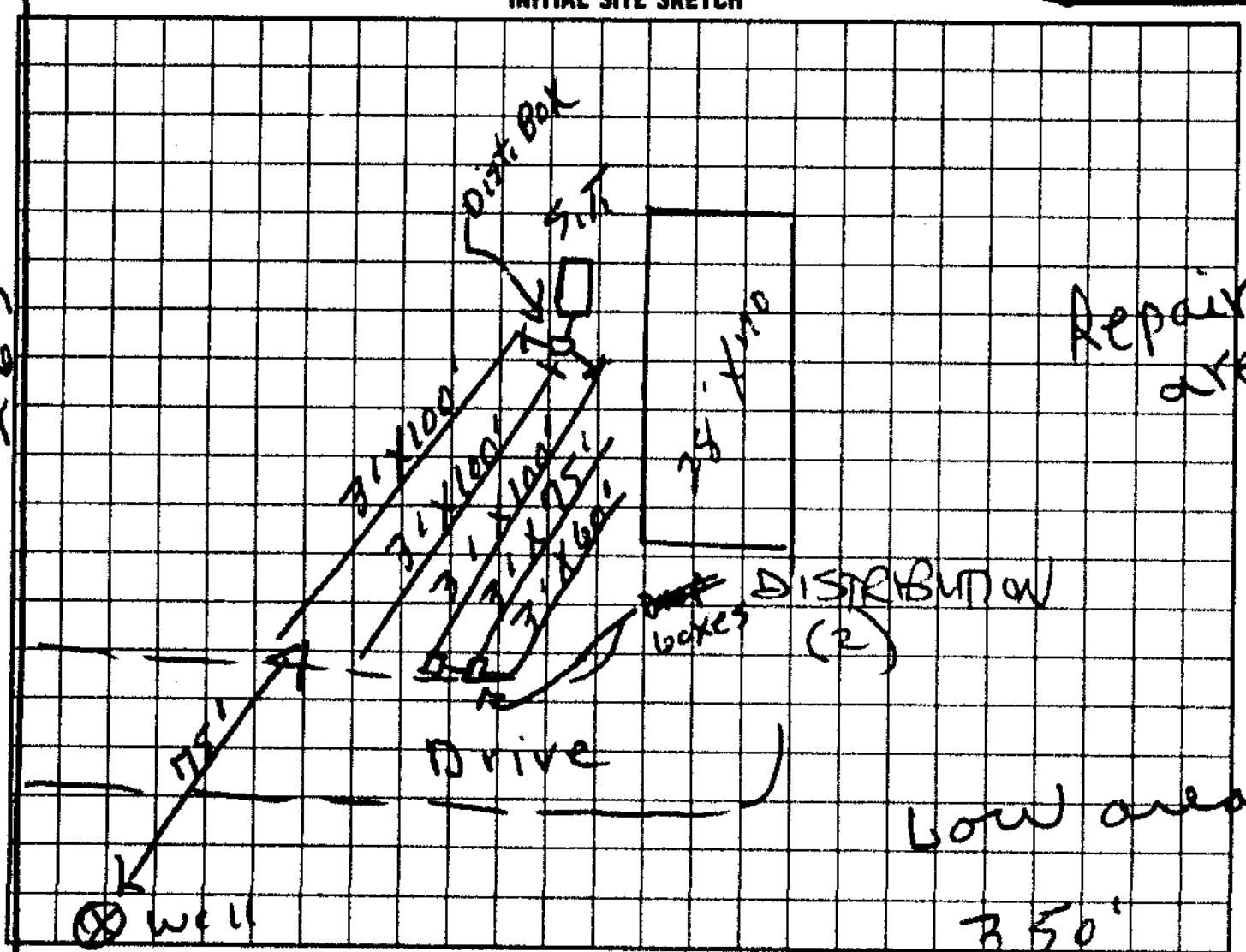
☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3
No. Bathrooms 2
No. Employees ______

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: 215'

Comments:/Conditions: 144'

INITIAL SITE SKETCH



AS BUILT SKETCH

700'

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: x Robert Brown date 12-16-98 Installed by: Randy Miller
Improvement Permit by: L. C. Moore date 12-16-98 Operation Permit by: Steve Hedrick date 1-13-99
Authorization to Construct by: L. C. Moore date 12-16-98 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