IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4893-57-7614 DATE 5-16-07

OWNER OR APPLICANT BILLY C. SNOW PHONE: Business Home 704-546-5318

ADDRESS 307 AMBERHILL ROAD, YADKINVILLE, NC 27055

LOCATION US 21 N, TR E HOUSTONVILLE RD, TR SANDY SPRINGS RD, TR AMBERHILL RD, 0.8 MILE ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 37.41 ACRES SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT2

Septic Tank: EXISTING Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☒ Gravity ☐ Pressure

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

System Description:

Repair System Description: CONVENTIONAL, GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

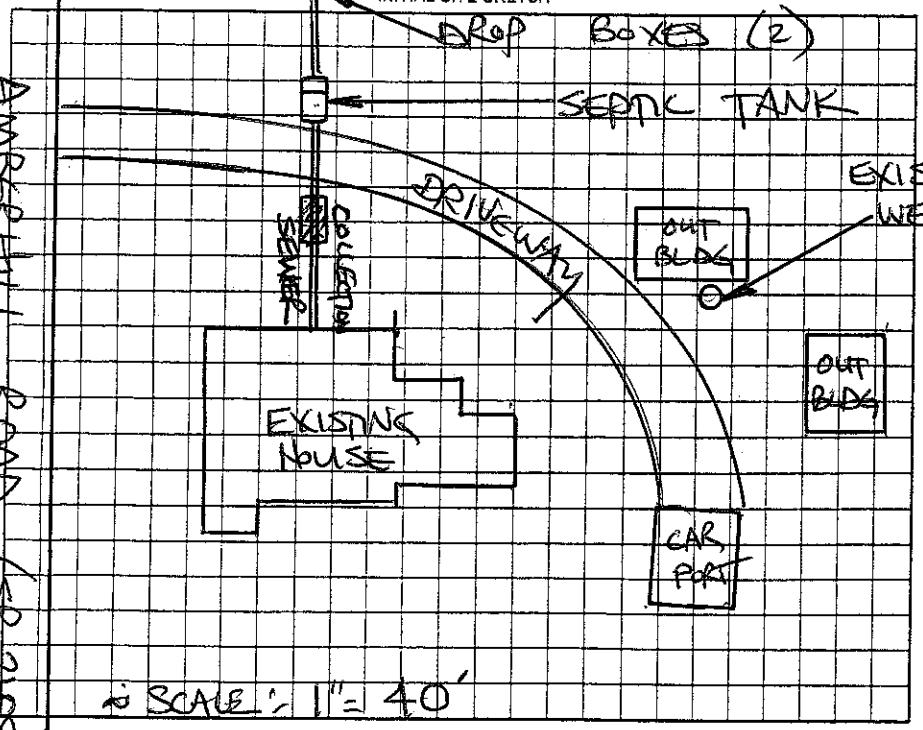
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments:/Conditions:

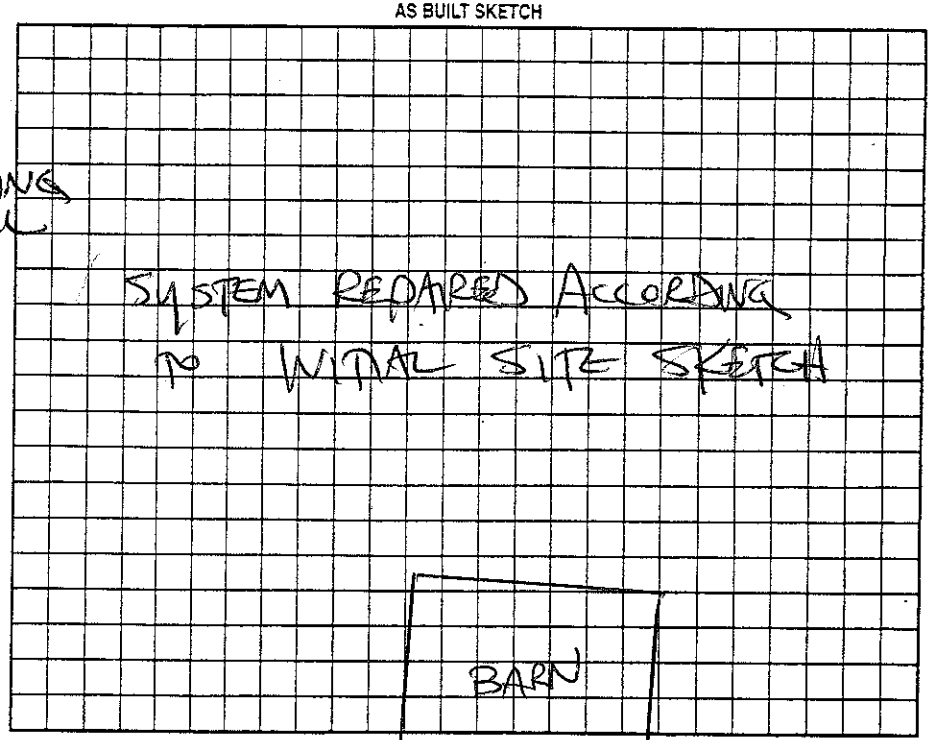
3'x90'
3'x90'
3'x90'
AN "ACCEPTED" SYSTEM MAY ALSO BE USED

INITIAL SITE SKETCH



Comments:/Conditions:

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: Billy C Snow date 5-16-07 Installed by: Tommy NIXON

Improvement Permit by: STEVE HEDRICK date 5-16-07 Operation Permit by: STEVE HEDRICK date 7-18-07

Authorization to Construct by: STEVE HEDRICK date 5-16-07 Existing System Inspection by: date

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

SHED