10.00 +-

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103052 PIN# 4625-20-8251 Oscar DATE 3/6/02

OWNER OR CONTRACTOR Tim Christman PHONE: Business 634-5823 Home 704-341-4453

ADDRESS 118 Hawk Run Ln Troutman NC 28166

LOCATION Brawley Sch, TR Stone Marker, TR Hanes Bee at End

SUBDIVISION CL+T BLOCK / SECTION 6 LOT 70 LOT AREA 1.07 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 794 Date 3/29/02
Pump Tank: 1000 Gallons; PT 27 Date 3/29/02
Pump Make: MYERS Model MW-50-11P Serial No. 362
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270
No Lines 5 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, (IV), V, VI
System Description: LP PPBPS
Repair System Description: NONE
Maintenance Agreement Required: ☒ Yes ☐ No

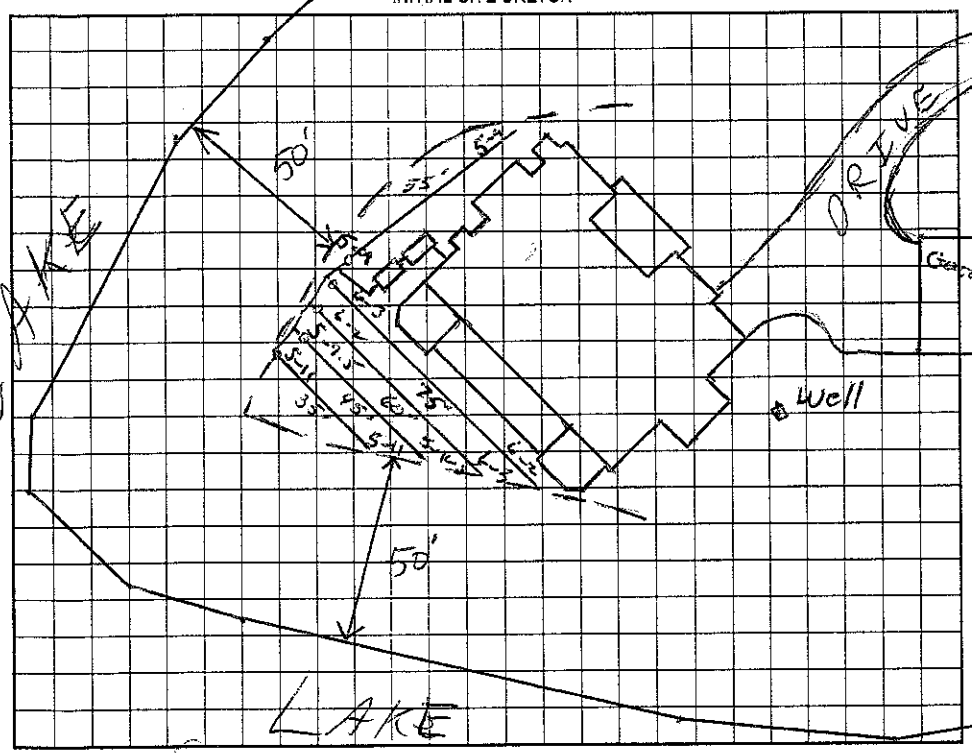
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community
Existing

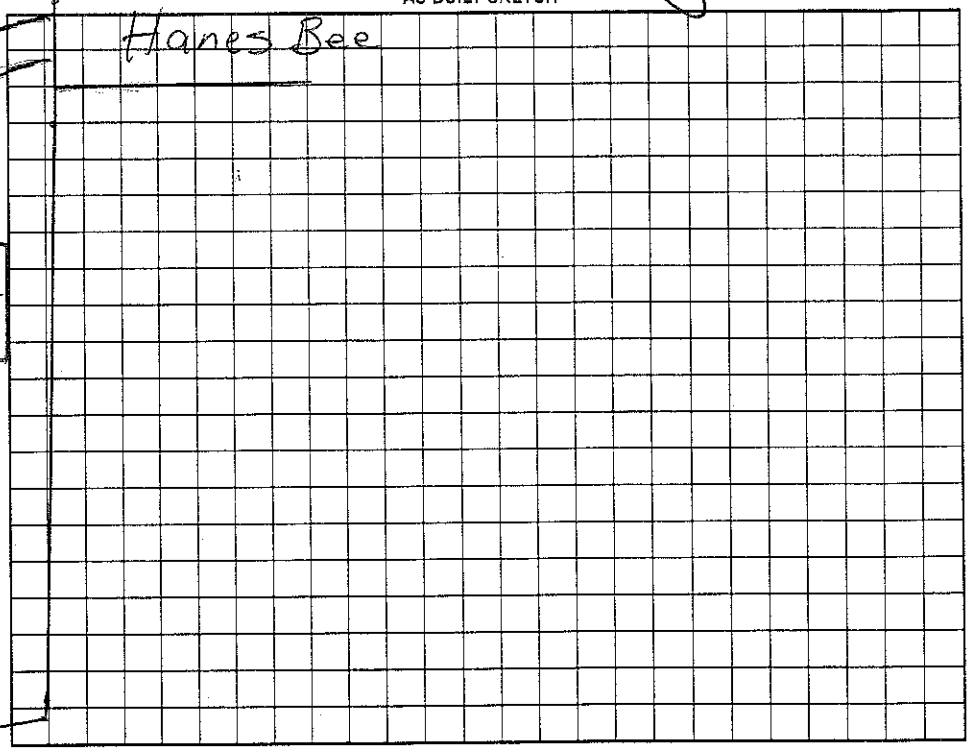
Comments:/Conditions: USE AN Inline Filter LAKE
Can use central
Valve box or
individual valves

Comments:/Conditions: Note: NEMA4X Box needs to be 1 Foot above Finished grade
Tanks & lines Checked by WS 5/30/02

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: _____ date 3/11/02 Installed by: Cunt Dunning

Improvement Permit by: _____ RS date 3/6/02 Operation Permit by: _____ R.S. date 10/10/2002

Authorization to Construct by: _____ RS date 3/6/02 Existing System Inspection by: _____ date _____

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