IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126553 PIN# 4629508714.000 0512 DATE 3/2/05

OWNER OR CONTRACTOR Frank McCarter PHONE: Business (704) 528-~~0819~~ Home (704) 528-0219

ADDRESS 209 Penicillin Pt Troutman NC 28166 (Cell) (704) 907-9032 Scott WARD 704-779-4277

LOCATION State Park Rd TL Morrison Farm, TR Penicillin Pt. at LP Near End #209

SUBDIVISION LAKEVIEW Acres BLOCK / SECTION LOT 19-23 LOT AREA 0.477 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1420 Date 9-28-06

Pump Tank: 1000 Gallons; PT 319 Date 10-9-06

Pump Make: Goulds Model WE0311M Serial No. #WE0311M,

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200'

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 Panel Rock

Repair System Description: Same w/PRE-TREATMENT

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms ___ No. Employees ___

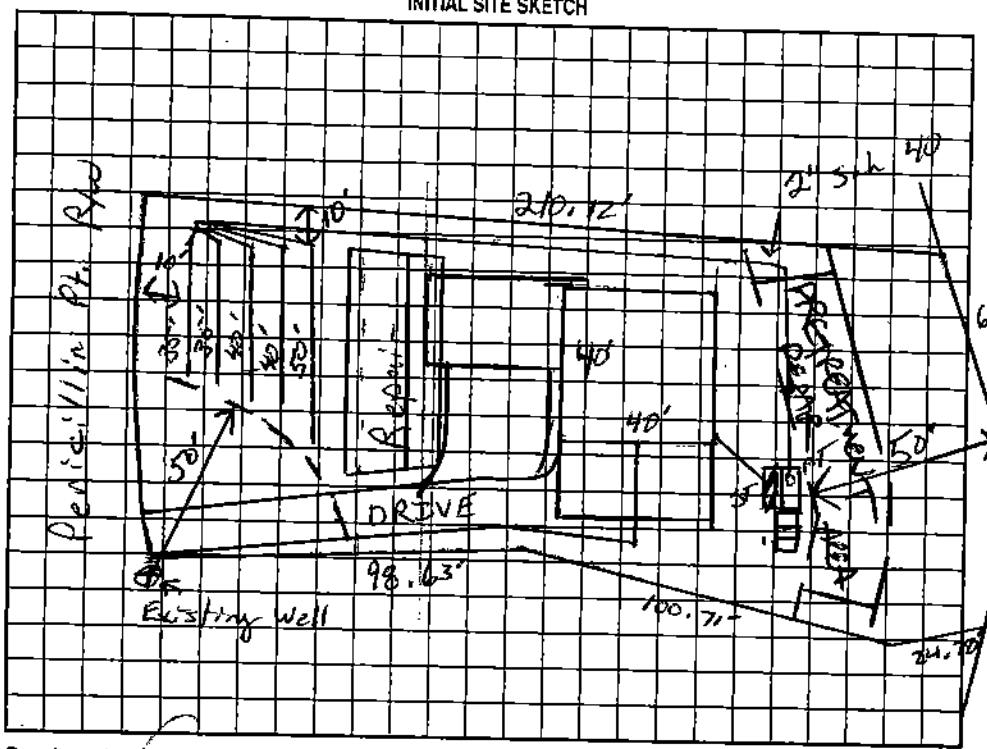
Water Sup ☐ Individu ☐ Public ☒ Comm

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

Comments:/Conditions:

1"=50'

INITIAL SITE SKETCH

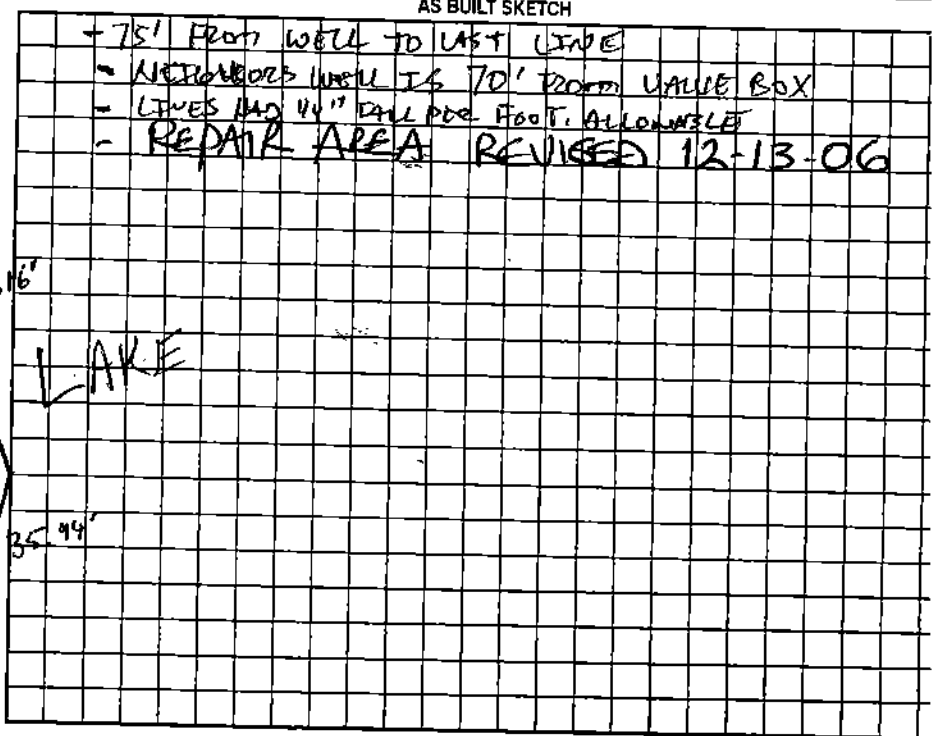


Comments:/Conditions: ZABEL F. Hwy MARKER ST

RIBBONS PT

- WELL IS 58' AWAY FROM TANKS.
- TANKS SET BESIDE 50' SURVEYED STAKED OFF LAKE,

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. Improvem
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: [signature] date 3/9/05 Installed by: HARVEY LEATHERMAN 1-17-07

Improvement Permit by: [signature] RS date 3/2/05 Operation Permit by: [signature] date 1-17-0

Authorization to Construct by: [signature] date 3/2/06 Existing System Inspection by: ___ date ___

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