IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~IN ZONING~~ 145279 PIN# 4629-58-8744 DATE 11-27-07

OWNER OR APPLICANT ROBERT HAYNES PHONE: Business 704-962-0196 Home

ADDRESS 196 DEER RUN ROAD, TROUTMAN NC 28166

LOCATION STATE PARK ROAD TO WILDLIFE ROAD, TR SIERRA WOODS, TL DEER RUN, LOT AT END ON RIGHT

SUBDIVISION WILDLIFE BAY BLOCK / SECTION I LOT 28 LOT AREA 28,967 SF SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: 1000 Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 270

No Lines THREE Trench Width 24" Max Trench Bottom Depth 36" Stone Depth 24

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

System Description: 50% REDUCTION, LOW-PRESS

Repair System Description: 50% REDUCTION, LOW-PRESSURE

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☐ Public ☑ Community

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

Comments:/Conditions:

Comments:/Conditions: FINISHING DOWNSTAIRS BASEMENT WITH ½ BATH ONLY

INITIAL SITE SKETCH

AS BUILT SKETCH

SEE ATTACHED PERMIT # 125230

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 ____

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: STEVE HEACK date 11-27-07

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