IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111993 PIN# 4639469696 Dare DATE 11-5-03

OWNER OR CONTRACTOR Garland Homes PHONE: Business (704) 226-2647 Home 528-2448

ADDRESS 310 Windingshore Rd Troutman NC 28166

LOCATION Perth Rd TL Fern Hill TR Tenne

SUBDIVISION Northwood BLOCK / SECTION 1 LOT 4 LOT AREA 1.23Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; ST8 794 Date 9-21-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1860 Linear Feet 620

Installed 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: Gravity - Conventional

Repair System Description: Grav/Pump Innovative

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☐ Other ____

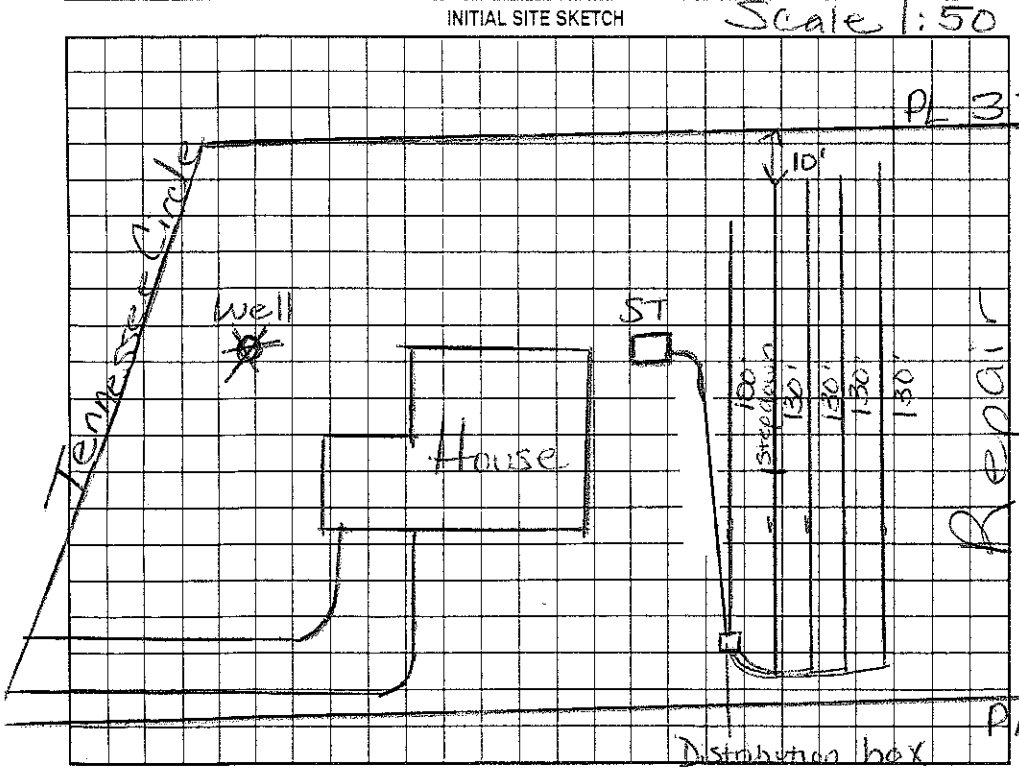
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

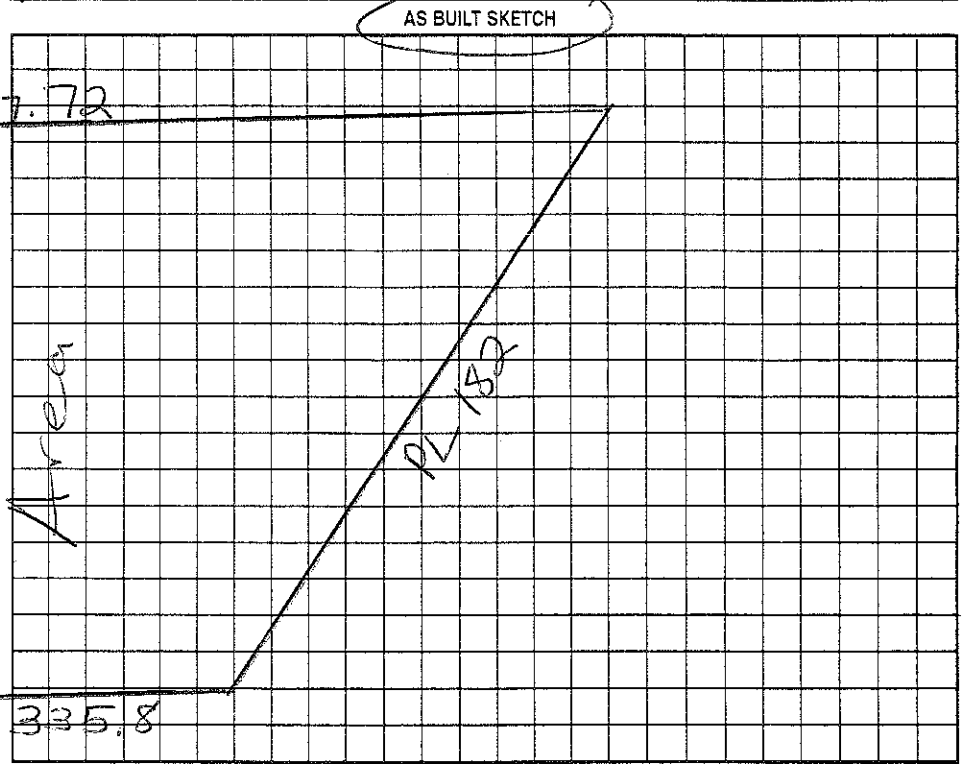
Comments:/Conditions: Installer used "step down" ~50' down on 2nd line

Comments:/Conditions: Note: Installer installed 5 lines initially on Distribution with top line only being 50'; could not leave short line on distribution box therefore line had to be increased.

INITIAL SITE SKETCH Scale 1:50



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 ____

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: Thomas Grading

Operation Permit by: Maria H Tobon RS date 11/5/03

Existing System Inspection by: ____ date ____

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111 993 PIN# 4639469696 Dave DATE 6/9/03

OWNER OR CONTRACTOR Garland Homes PHONE: Business 704 226-2647 Home 528-2448

ADDRESS 310 Winding Shore Rd. Troutman, NC 28166

LOCATION Perth Rd North TL Fern Hill TR Tennessee Circle Lot on right #148

SUBDIVISION Northwood BLOCK / SECTION ____ LOT 4 LOT AREA 1.23 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 9-21-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1596 Linear Feet ~~460~~ 532
No Lines 4 @ 133' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity- Conventional
Repair System Description: Grav/Pump Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

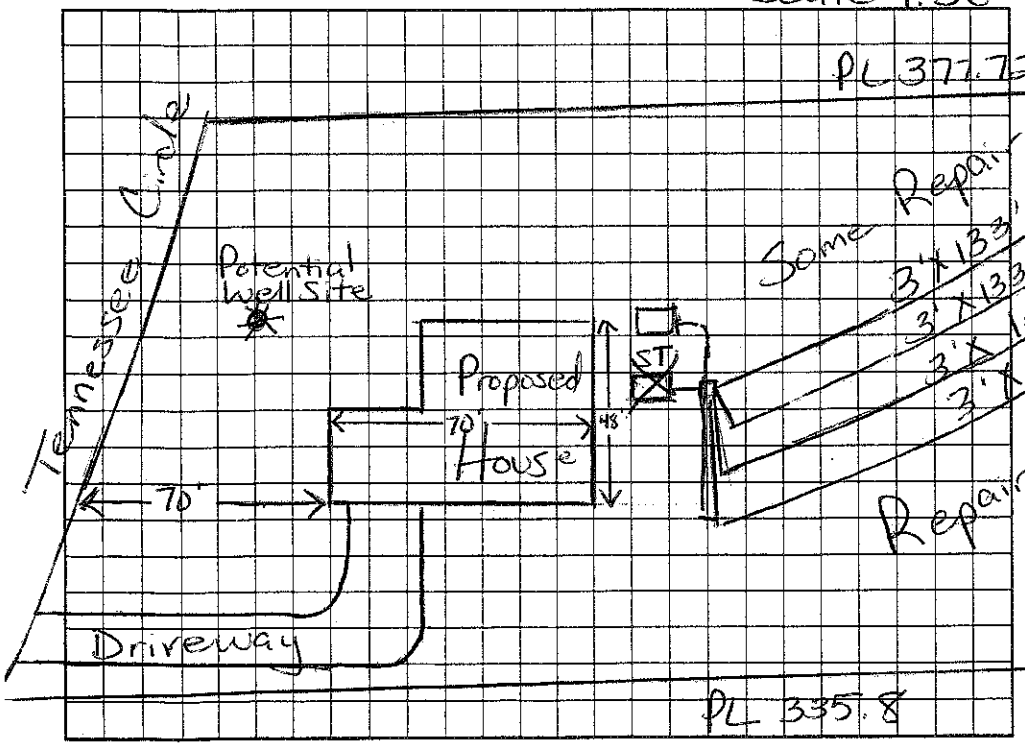
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

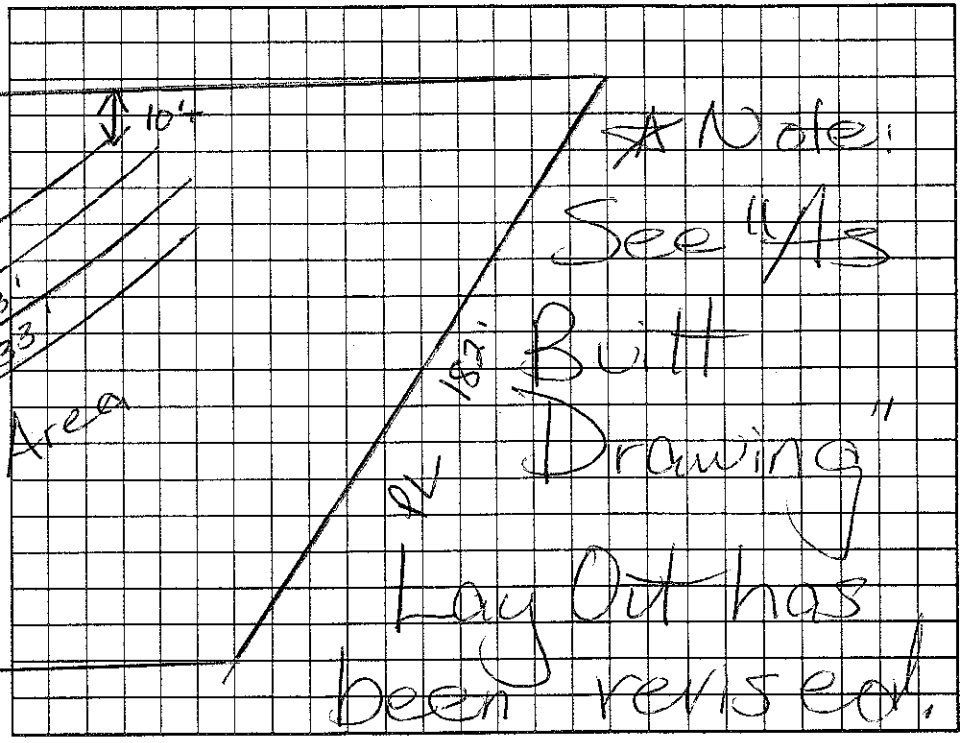
Comments:/Conditions: Keep Septic system at least 10' from PL & 100' from well.

Comments:/Conditions: Lines 2-4 ~130' long "Step down" used ~ 50' down the line.

INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH



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Signed: David J. Dahl date 6/9/03
Improvement Permit by: Maina H. Dotson R.S. date 6/9/03
Authorization to Construct by: Maina H. Dotson R.S. date 6/9/03

Installed by: Thomas Geraghty RS
Operation Permit by: Maina H. Dotson date 11/3/03
Existing System Inspection by: ____ date ____

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