# IREDELL COUNTY HEALTH DEPARTMENT

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

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

125

PERMIT# 93532 PIN# ~~4649 18 6607 PT~~ 4649-28-7598 DATE 2/2/2001

OWNER OR CONTRACTOR ~~[illegible]~~ ANGELA BAILEY PHONE: Business 528-7142 Home

ADDRESS 142 JASMINE CIRCLE - TROUTMAN NC 28166

LOCATION FLOWER HOUSE - TL CARLYLE - TR JASMINE - ON RT

SUBDIVISION ~~JASMINE CIRCLE~~ BLOCK / SECTION 2 LOT 38B LOT AREA .751c SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. .30 GPD/FT²

King Acres

Septic Tank: 1000 Gallons; STB 794 Date 7/27/99

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY 25% REDUCTION

Repair System Description: OFFSITE PAVEC

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

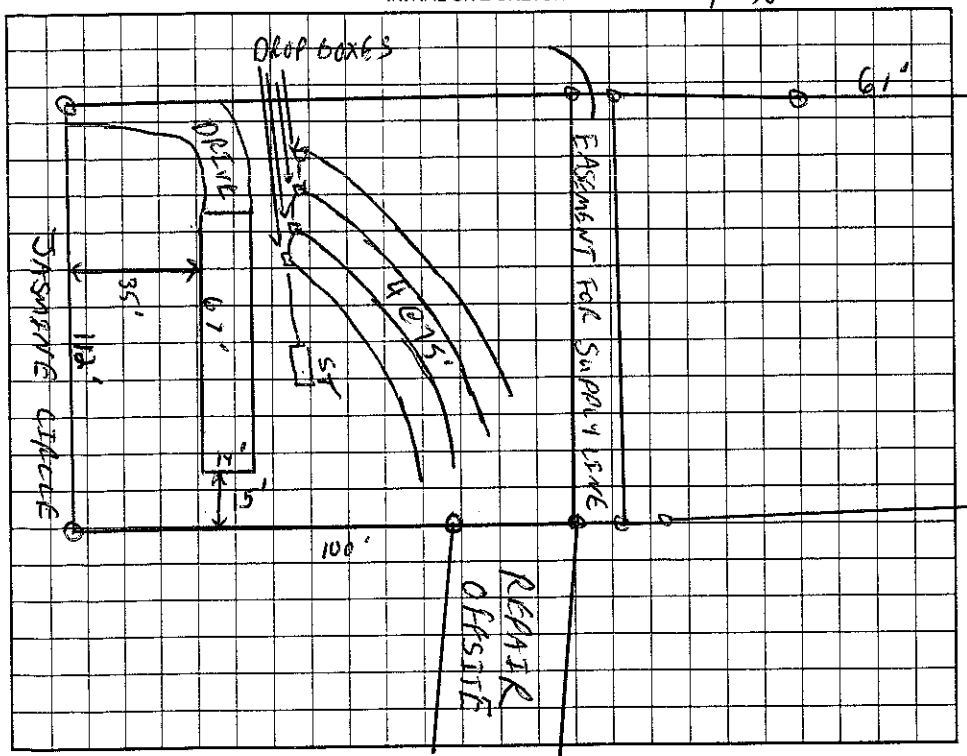
Water Supply: ☐ Individual ☐ Public ☑ Community

Comments:/Conditions: 1) SEE ~~[illegible]~~ PLAN FOR REPAIR EASEMENT.

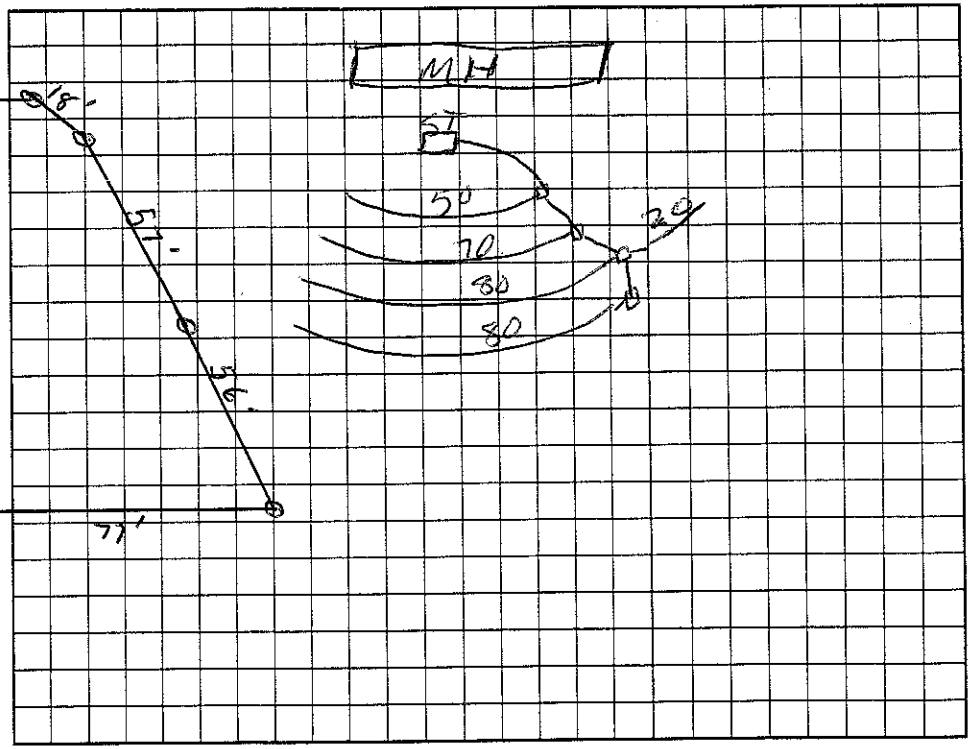
Comments:/Conditions:

EZ Flow Installed
Filter Installed

INITIAL SITE SKETCH 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: Bruce R Bowles date ____

Improvement Permit by: C. Ben Tan RS date 2/2/01

Authorization to Construct by: C. Ben Tan RS date 2/2/01

Installed by: Andy's Backhoe

Operation Permit by: [signature] RSI date 2/6/01

Existing System Inspection by: ____ date ____

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