$130 2:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118460 PIN# 4649-37-0831 DATE 4/6/04

OWNER OR CONTRACTOR Eric McDowell PHONE: Business _____ Home 704-528-5285

ADDRESS 239 Jasmine Cir Troutman NC 28166

LOCATION 21/115N, TL Flowerhouse, TL Carlyle, TR Jasmine 1st on Rt

SUBDIVISION King Acres BLOCK / SECTION _____ LOT 1 LOT AREA = 1 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 225 Date 10/27/66

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Gravity 25% Reduct.

Repair System Description: Pump & Panel Block

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

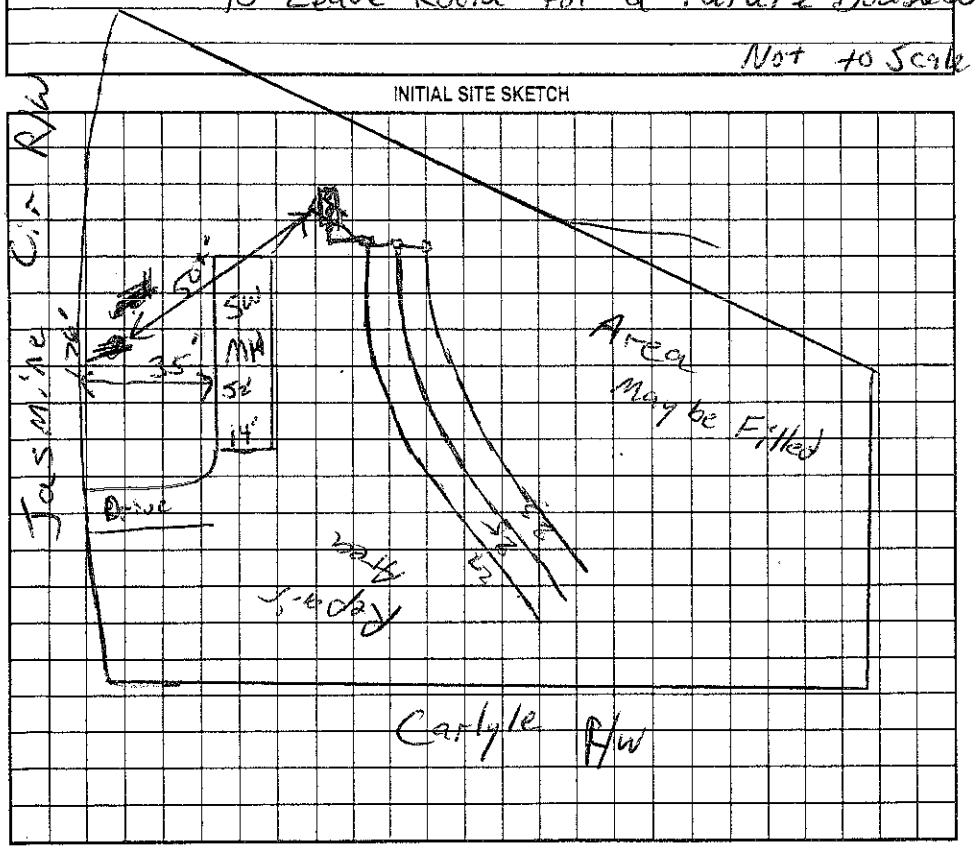
Water Supply: ☒ Individual ☐ Public ☒ Community

Comments:/Conditions: Single wide going in initially - Need to Leave Room For a Future Doublewide

Not to Scale

Comments:/Conditions:

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: Eric McDowell date 4-12-04 Installed by: Rowan Septic Tank

Improvement Permit by: RS date 4/6/04 Operation Permit by: Wesley Sparks RS date 1-23-07

Authorization to Construct by: RS date 4/6/04 Existing System Inspection by: _____ date _____

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