IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111329 PIN# 4649 44 5345 DATE 3-11-03

OWNER OR CONTRACTOR Bayon Ryan PHONE: Business 622-7676 Home 528-6056 / 528 2302

ADDRESS 224 Fern hill Rd Troutman, NC 28166 - 133 Shady Ln.

LOCATION Perth Rd North TR Fern Hill Rd TL Shady Lane behind Yellow modular, (133 Shady Ln)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.34 Acres SITE CLASS. PSJ DESIGN FLOW 240 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1017 Date 8/20/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 810' Linear Feet 270'

No Lines 3 @ 90' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: ( ) Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 2 No. Bathrooms 2 No. Employees _____

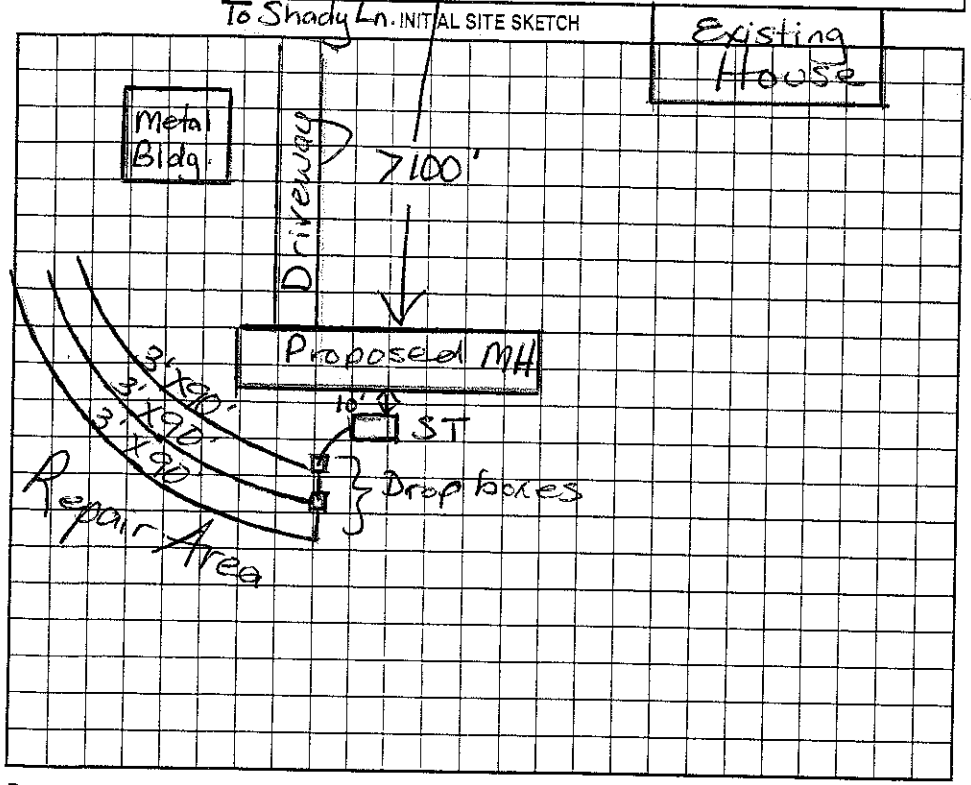
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual Share ☐ Public ☐ Community

Comments:/Conditions:

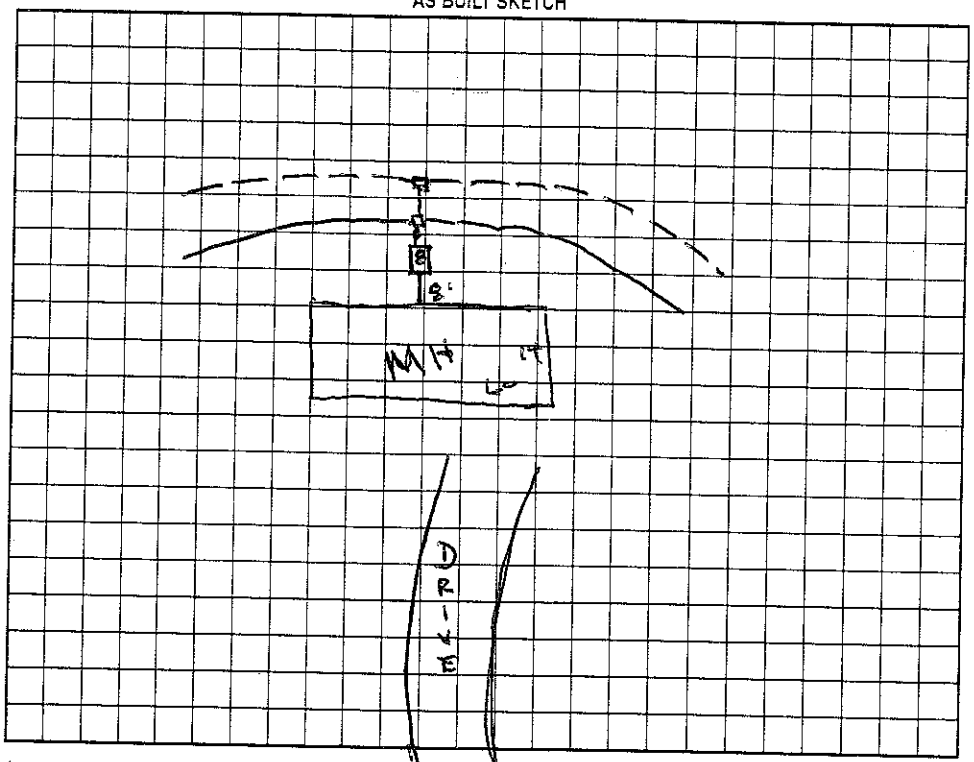
☒ Not to Scale ✱ Existing well

To Shady Ln. INITIAL SITE SKETCH



Comments:/Conditions: Keep Septic System 100' from well & 10' from MH

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 3/12/03 Installed by: A-1

Improvement Permit by: Maria H. Dobson RS date 3/11/03 Operation Permit by: Wesley Sparks RS date 4/14/03

Authorization to Construct by: Maria H. Dobson RS date 3/11/03 Existing System Inspection by: _____ date _____

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