4700

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 83619 PIN# ~~4646667894 PF~~ 4649603136 DATE 3/7/00

OWNER OR CONTRACTOR PIEDMONT HOUSING PHONE: Business 525-7120 Home

ADDRESS 1040 CHARLOTTE HWY - TROUTMAN NC 28166

LOCATION FLOWER HOUSE - RANKIN HILL - TR ~~[illegible]~~ GAYLE - TL WINDSTAR ON RT FN CUL DE SAC

SUBDIVISION WESTWINDS BLOCK / SECTION 2 LOT 34/33 LOT AREA 1.59AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3 ~~.4~~ 1/15/02

Septic Tank: 1000 Gallons; STB 1012 Date 3/20/02

Pump Tank: ~~[illegible]~~ Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 5@60' 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: GRAV/PUMP SAME

Maintenance Agreement Required: ☐ Yes ☑ ~~No~~

☐ House/Mod. Home No. Bedrooms 3

☑ ~~Mobile Home~~ No. Bathrooms 2

☐ Business No. Employees

☐ Other

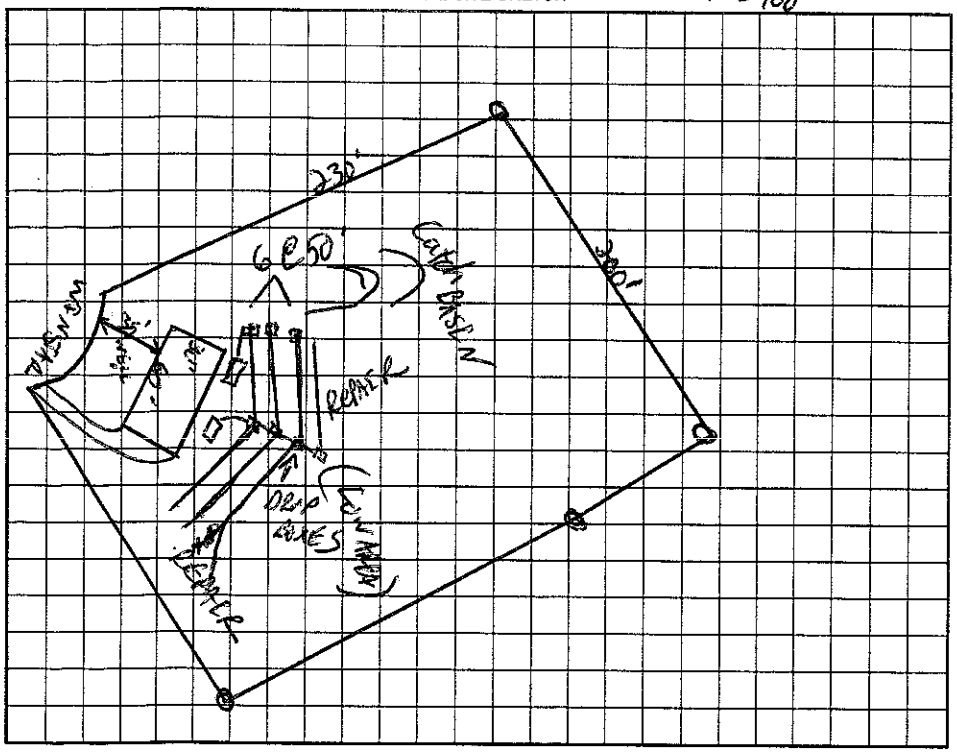
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ ~~Individual~~ ☐ Public ☐ Community

Comments:/Conditions: (33 & 34 COMBINED)

Comments:/Conditions: 90, 100, 110 - EZ FLOW INSTALLED

INITIAL SITE SKETCH 1" = 100'



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: [signature] date 3/28/00 Installed by: A-1 Backhoe

Improvement Permit by: [signature] RS date 3/7/00 Operation Permit by: [signature] RS. date 1/15/02

Authorization to Construct by: [signature] RS date 3/7/00 Existing System Inspection by: date

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