IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 077652 PIN# ~~4649669588~~ 4649669588 DATE 11/20/98

OWNER OR CONTRACTOR PIEDMONT HOUSING PHONE: Business ____ Home 528-7122

ADDRESS 1040 CHARLOTTE HWY - TROUTMAN NC 28166

LOCATION 21 N - TL FLOWER HOUSE - TL RANKEN HILL - ~1 MILE ON RT

SUBDIVISION WEST WINDS BLOCK / SECTION I LOT 5 LOT AREA .95AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .4 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 10/21/98
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 CONVENTIONAL
Repair System Description: 11 / PUMP CHAMBERS OR LPDS
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

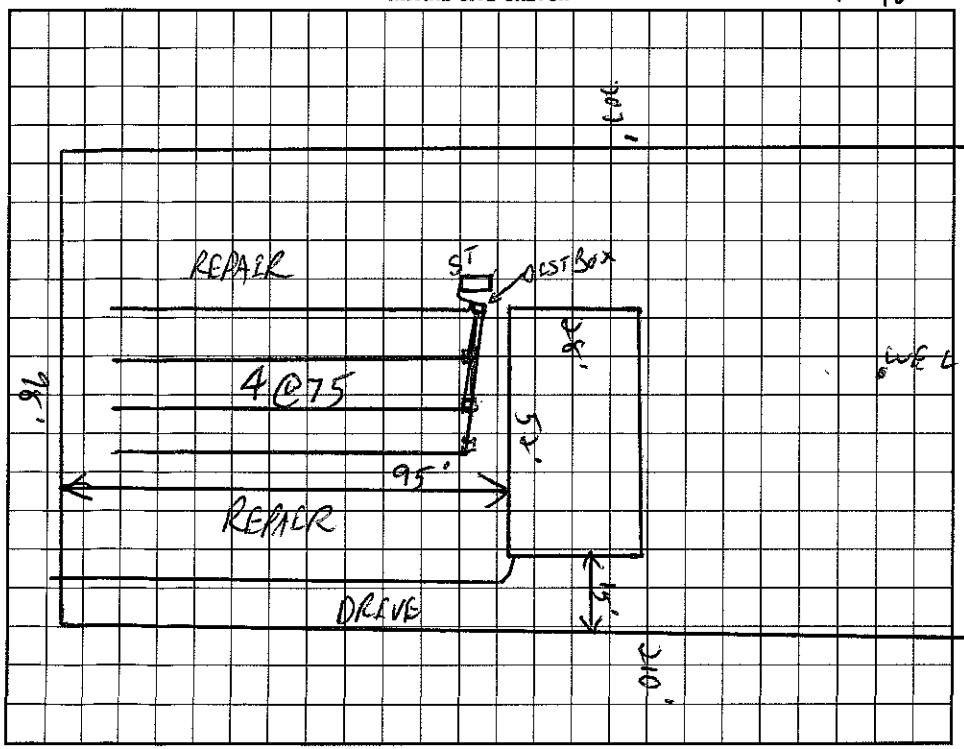
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

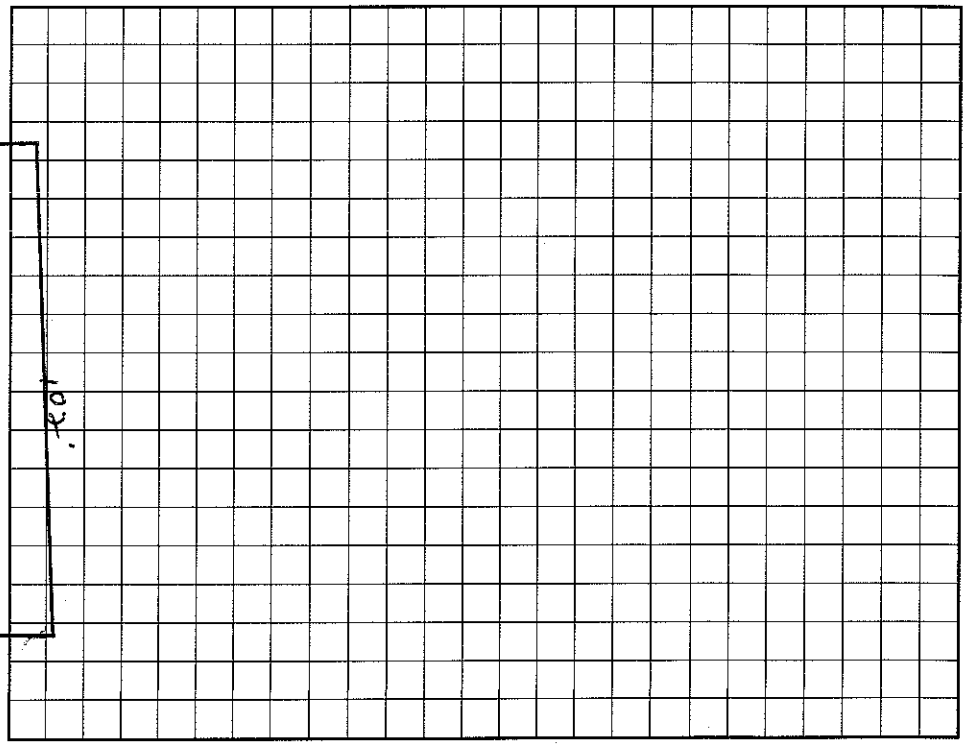
Comments:/Conditions:

Comments:/Conditions: DROP BOXES INSTALLED

INITIAL SITE SKETCH 1"=40'



AS BUILT SKETCH



I understand that this 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: Richard Graves date ____

Improvement Permit by: [signature] ES date 11/20/98

Authorization to Construct by: C. [signature] RS date 11/20/98

Installed by: A1 BACKHOE

Operation Permit by: C. [signature] date 12/7/98

Existing System Inspection by: ____ date ____

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