IREDELL COUNTY HEALTH DEPARTMENT

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

(1100)

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

PERMIT# REPAIR PIN# REPAIR 4649765871 DATE 6/25/98

OWNER OR CONTRACTOR CURTIS & ~~[illegible]~~ TRACI SHERRILL PHONE: Business _____ Home 528-6963

ADDRESS 274 AUTUMN LEAF ROAD TROUTMAN NC 28166

LOCATION 21/115N - TL FLOWER HOUSE - TL RANKEN HILL - TL PALOMINO PARK - TL SORRELL #1330 N LT

SUBDIVISION PALOMINO PARK BLOCK / SECTION _____ LOT _____ LOT AREA - SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. -

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 3+3@50' Trench Width 36" Max Trench Bottom Depth AS NECESS Gravel Depth 12"

☒ New System ☑ Repair System Type: I, II, (III), IV, V, VI

System Description: _____

Repair System Description: GRAVITY CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☑ No BALL-FLOAT VALVE

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

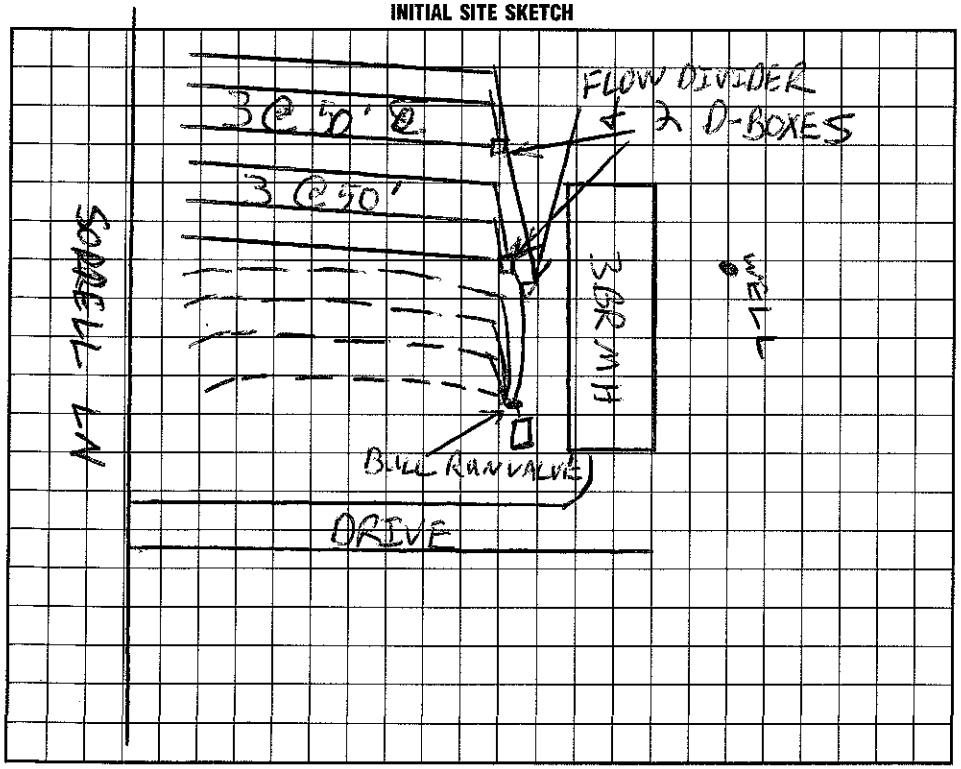
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

SIX 50' LINES = 300'

Comments:/Conditions:

INITIAL SITE SKETCH



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: Tracie D. Smith date 7/7/98

Improvement Permit by: C. Rudy Foreman PS date 6/25/98

Authorization to Construct by: C. Rudy Foreman PS date 6/25/98

Installed by: ~~[illegible]~~ (FOREST SHUFORD)

Operation Permit by: C. Rudy Foreman date 7/24/98

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