(4.00) 10:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 79847 PIN# ~~4649667541~~ 4649775399 DATE 3/11/99

OWNER OR CONTRACTOR PIEDMONT HOUSING PHONE: Business _____ Home 528-7100

ADDRESS 1040 CHARLOTTE HWY - TROUTMAN NC 28166

LOCATION 21/155 - FLOWERHOUSE - TL RANKEN HILL - TL ELIZABETH ANN - TL CRAVER CT

SUBDIVISION WESTWINDS BLOCK / SECTION 3 LOT #60 LOT AREA .51 AC SITE CLASS. PS DESIGN FLOW 360 GAD L.T.A.R. .3000/FD

Septic Tank: 1000 Gallons; STB TP1012 Date 1-4-99

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 24" Gravel Depth N/A

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

System Description: GRAVITY CHAMBER SYSTEMS

Repair System Description: GRAVITY PANEL

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

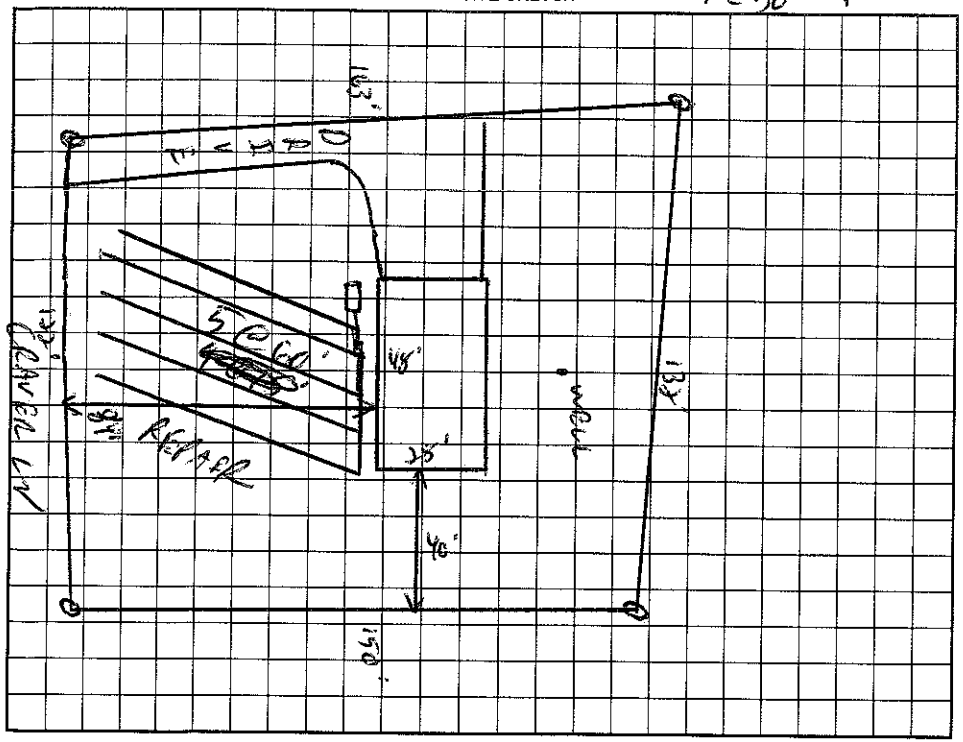
Comments:/Conditions: Filter riser installed

Set 60' lines installed

Well not installed at time of inspection.

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 50'



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: CR Pate date 3-12-99 Installed by: A-1 Backhoe

Improvement Permit by: C. [signature] RS date 3/11/99 Operation Permit by: Maria H. Dotson RS date 3/17/99

Authorization to Construct by: C. [signature] RS date 3/11/99 Existing System Inspection by: _____ date _____

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