IREDELL COUNTY HEALTH DEPARTMENT

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

11 00 A-1

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

PERMIT# 81884 PIN# ~~4649667891 RI~~ 4649775636 DATE 9/13/99

OWNER OR CONTRACTOR PIEDMONT HOUSING PHONE: Business 528-7120 Home

ADDRESS 1040 CHARLOTTE HWY TROUTMAN NC 28166

LOCATION PIONEERHOUSE - TL RANKENHILL - TL ELIZABETH ANNE - TL CLAYER AT END

SUBDIVISION WESTWINDS BLOCK / SECTION 5 LOT 63 LOT AREA .58AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10/10/99

Pump Tank: ____ 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: PUMP PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

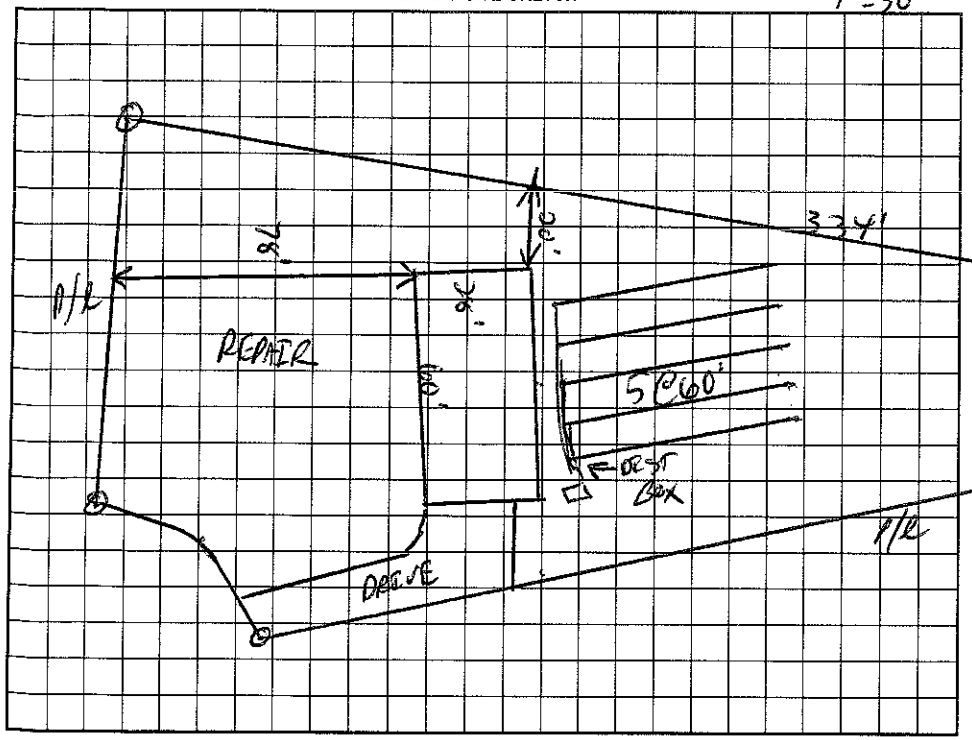
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

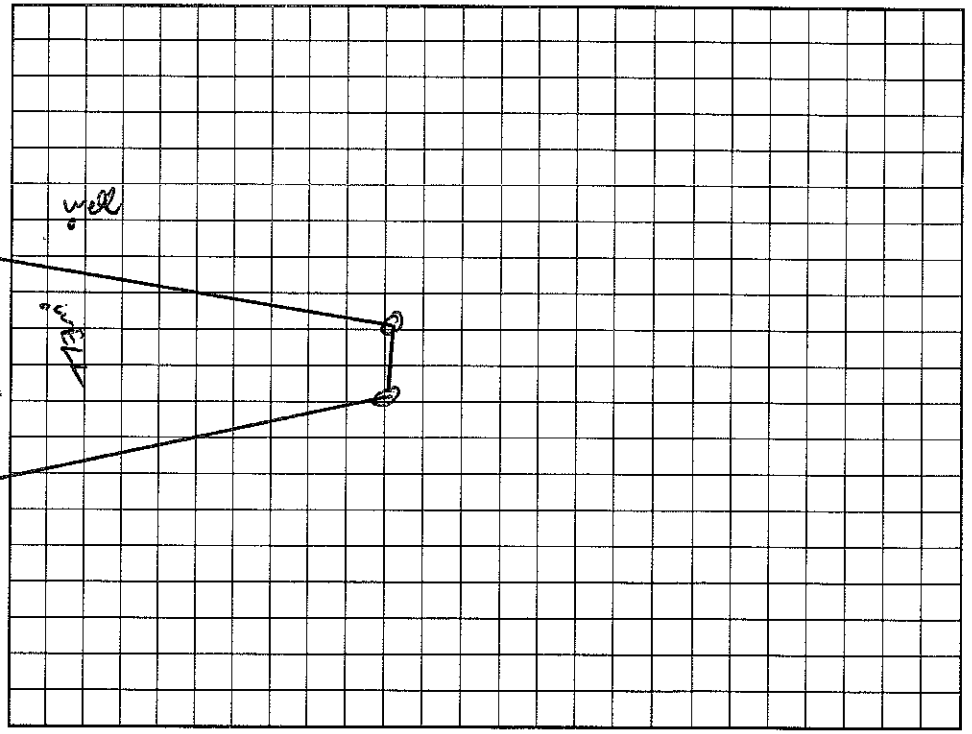
Comments:/Conditions: KEEP SYSTEM 50' FROM WELL AND NEIGHBOR'S WELL

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: RM Bell date ____ Installed by: A1 BACKHOE

Improvement Permit by: [signature] RS date 9/13/99 Operation Permit by: [signature] RS date 1/12/00

Authorization to Construct by: [signature] RS date 9/13/99 Existing System Inspection by: ____ date ____

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