(4.00) -

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079414 PIN# ~~4649666644 PT~~ 4649776563 DATE 3/11/99

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

ADDRESS 1040 CHARLOTTE HWY TROUTMAN NC 28166

LOCATION 115 S- TL FLOWERHOUSE HOUSE - TL RANKEN HELL - [redacted] TL ELIZABETH ANN - TR CRAVER CT RT

SUBDIVISION WESTWINDS BLOCK / SECTION III LOT 61 LOT AREA .554C SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .30 GPD/FT2

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 3@100' Trench Width 36" Max Trench Bottom Depth ~~36~~ 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CHAMBERS OR HDS
Repair System Description: GAV./PUMP CHAMBERS
Maintenance Agreement Required: ☐ Yes ☑ No

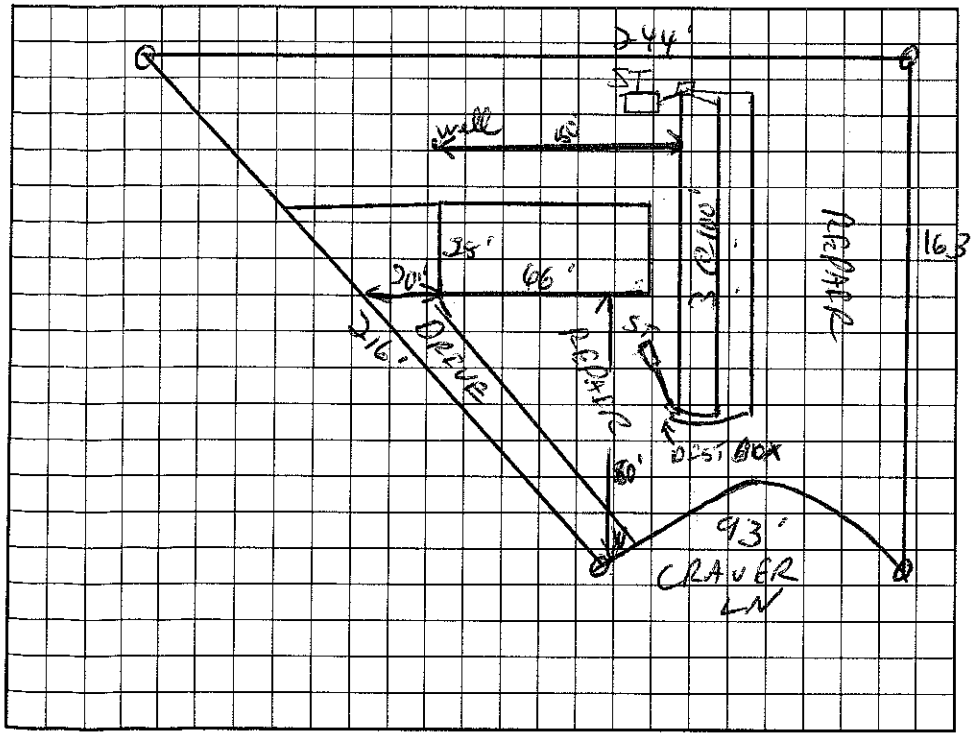
☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

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ST location changed due to rock
well not installed at time of inspection

1" = 60' INITIAL SITE SKETCH



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 Rob date 3-12-99
Improvement Permit by: C. [signature] ES date 3/11/99
Authorization to Construct by: C. [signature] ES date 3/11/99

Installed by: A-1 Backhoe
Operation Permit by: Maint H.H. Dotson RS date 3/17/99
Existing System Inspection by: _____ date _____

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