336 399 8298 ~~336-783-0769~~

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133618 PIN# 4649 86 2206 4649-86-2206 DATE 2/9/06

OWNER OR APPLICANT Bobby Mills PHONE: Business _____ Home _____

ADDRESS 210 WoodCreek DR Mount Airy, NC 27030

LOCATION 21N (L) Flower House LP (L) Rankin Hill (L) THOROUGHBRED DR (R) Lot 145 THOROUGHBRED DR

SUBDIVISION Palomino Park BLOCK / SECTION _____ LOT 9 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 1/17/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines 5 Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth 12" ☒ Gravity ☐ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: CONVENTIONAL
Repair System Description: PUMP CONVENTIONAL
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 2 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

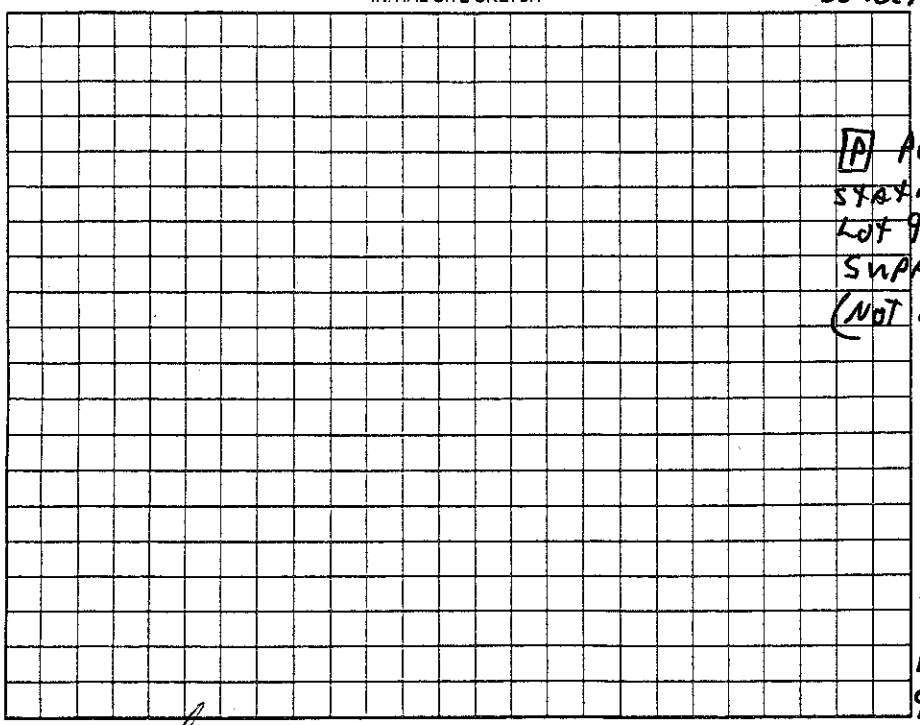
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

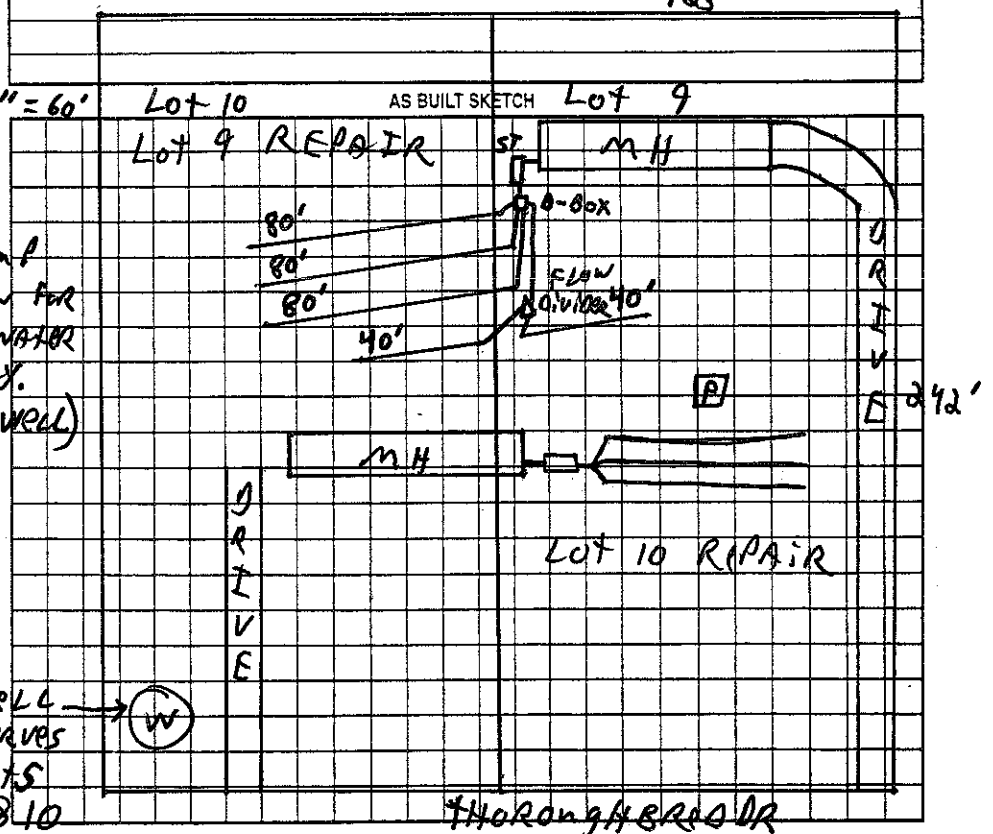
Comments/Conditions: System Functioning As Designed.

INITIAL SITE SKETCH

SCALE: 1" = 60'



AS BUILT SKETCH Lot 9



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: Bobby Mills date 2-23-06 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Ed Land date 2/9/06

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE

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

PERMIT# 070786 PIN# 4649562206 DATE 1/13/98

OWNER OR CONTRACTOR BOBBY MILLS PHONE: Business _____ Home 528 4763

ADDRESS 141 THOROUGHBRED DR. TROUTMAN NC 28166

LOCATION FLOWER HOUSE LOOP - TL RANKIN HILL - TL ~~THOROUGH~~ THOROUGHBRED DR, ON RT

SUBDIVISION PALOMINO PARK BLOCK / SECTION _____ LOT 9 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB $25 Date 1/17/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines 4@80' Trench Width 36" Max Trench Bottom Depth 18" Gravel Depth 12"

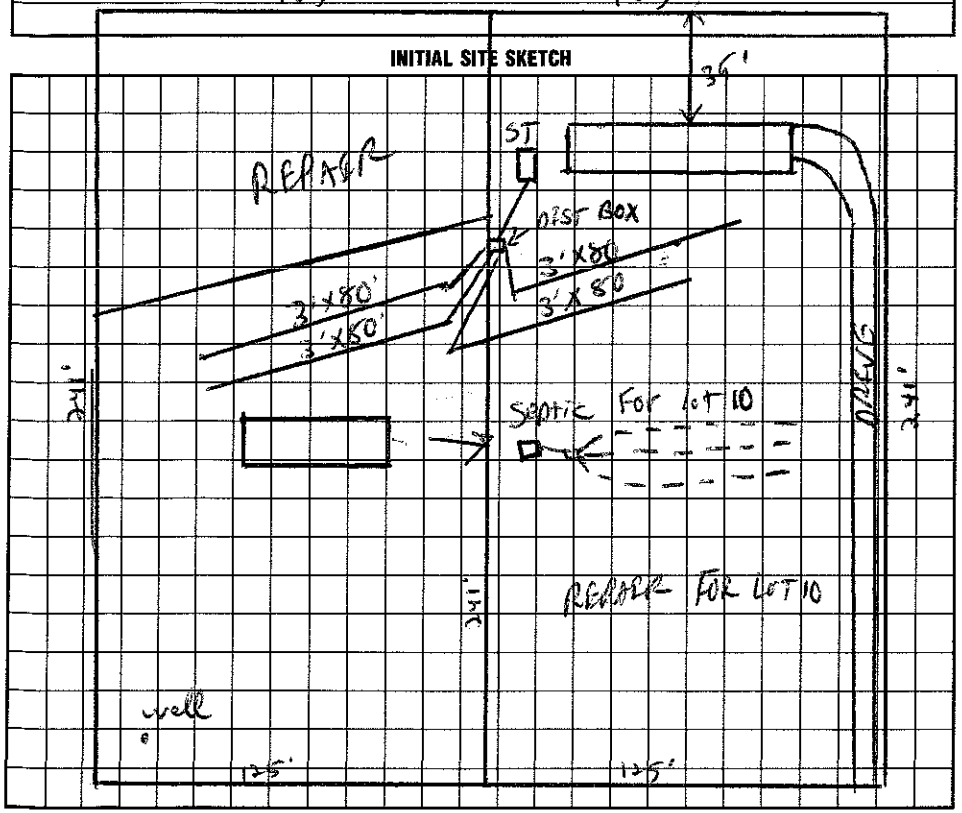
☑ New System ☐ Repair System Type: I, (II) III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

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

Water Supply: ☑ Individual ☐ Public ☐ Community

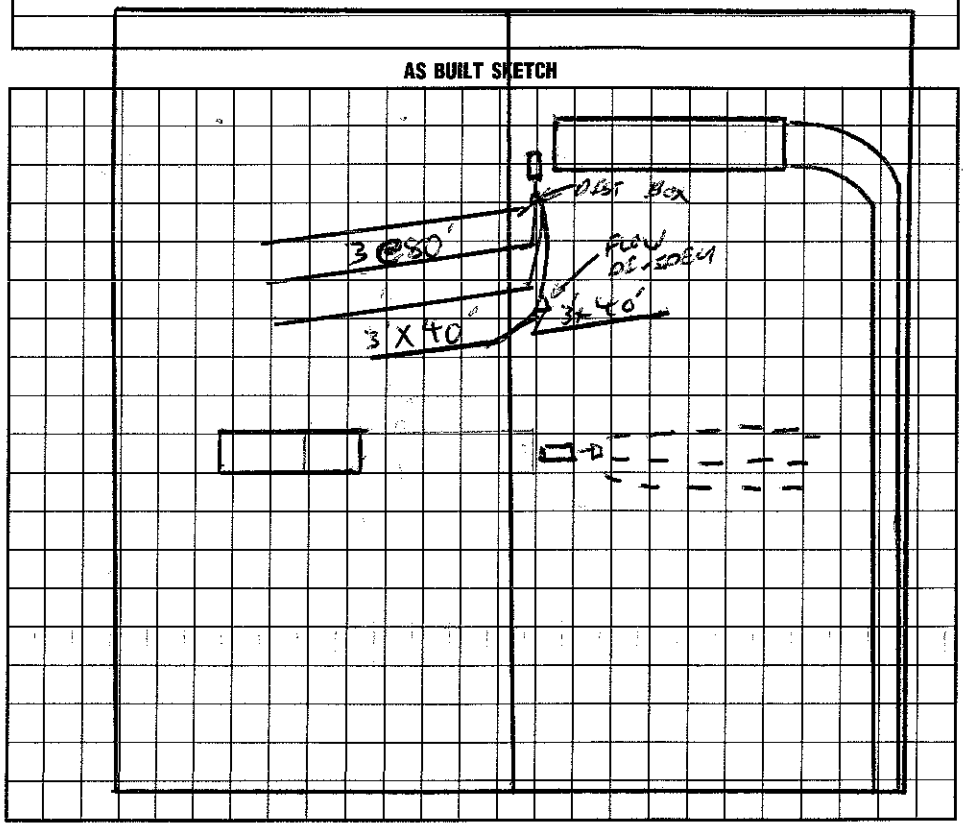
Comments:/Conditions: OWNER OWNS BOTH LOTS. EASEMENT WILL HAVE TO BE ESTABLISHED IF LOTS ARE SPLIT. *

INITIAL SITE SKETCH



Comments:/Conditions:

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: Bobby J. Mills date _____ Installed by: WAYNE CLONTZ

Improvement Permit by: C. Tom Fearn date 1/13/98 Operation Permit by: _____ date _____

Authorization to Construct by: C. Tom Fearn date 1/13/98 Existing System Inspection by: C. Tom Fearn date 4/24/98

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