IREDELL COUNTY HEALTH DEPARTMENT

S...VILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 109941 PIN# ~~4649-77-9266~~ 4649894470 DATE 12/9/02

OWNER OR CONTRACTOR Charles Paxton PHONE: Business _____ Home 704-528-0501

ADDRESS 120 Rankin Hill Rd Trout Man NC 28166

LOCATION 115N, TL Flowerhouse, TL Rankin Hill on Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1 Ac SITE CLASS. P S DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 1-4-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Panel Block

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

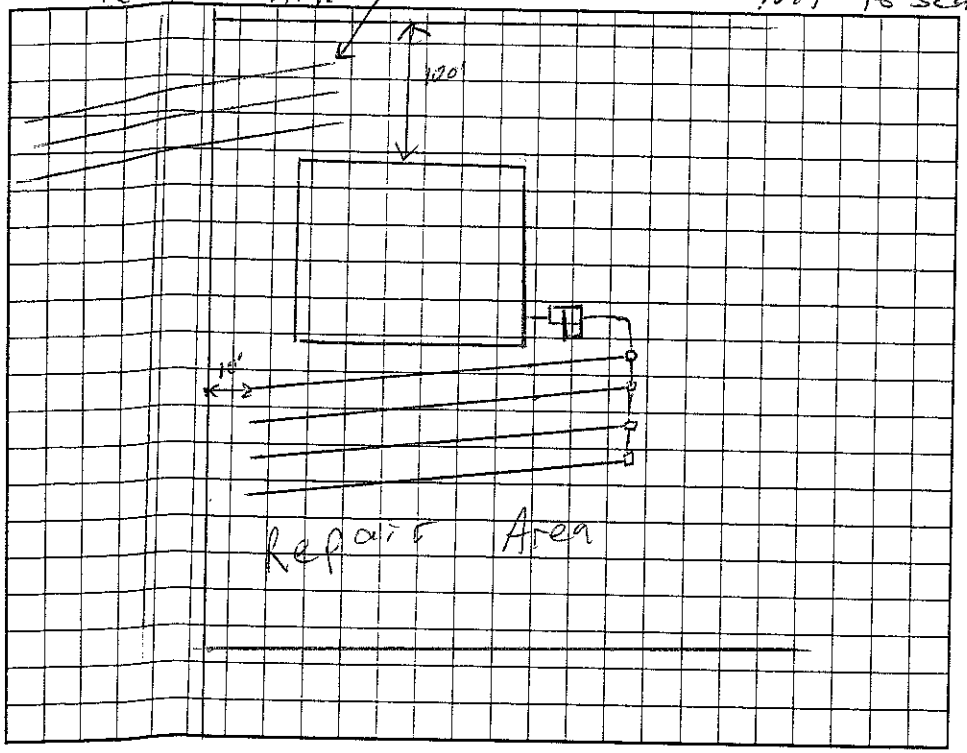
Water Supply: ☒ Individual ☐ Public ☐ Community Shared well

Comments:/Conditions:

old drain Field to be abandoned

Comments:/Conditions: Grey Filter installed

Rankin Hill INITIAL SITE SKETCH Not to scale



AS BUILT SKETCH

Installed as Drawn

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: Charles Paxton date _____

Improvement Permit by: [signature] RS date 12/9/02

Authorization to Construct by: [signature] RS date 12/9/02

Installed by: Andy Williams RS

Operation Permit by: [signature] date 3/5/04

Existing System Inspection by: _____ date _____

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