11:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123298 PIN# 4659-41-8252 4659 41 9431 DATE 9-1-04

OWNER OR CONTRACTOR LARRY MILLER PHONE: Business Home 704-528-9792

ADDRESS 157 THOROUGHBRED DRIVE, TROUTMAN, NC 28166

LOCATION US 21 NORTH PAST SHEPHERD SCHOOL, PRIVATE DRIVE ON LEFT AT BOX # 1692 AND 1694

SUBDIVISION BLOCK / SECTION LOT LOT AREA 9.038 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1500 Gallons; STB Date 9/2/04

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other W/ GARAGE APARTMENT

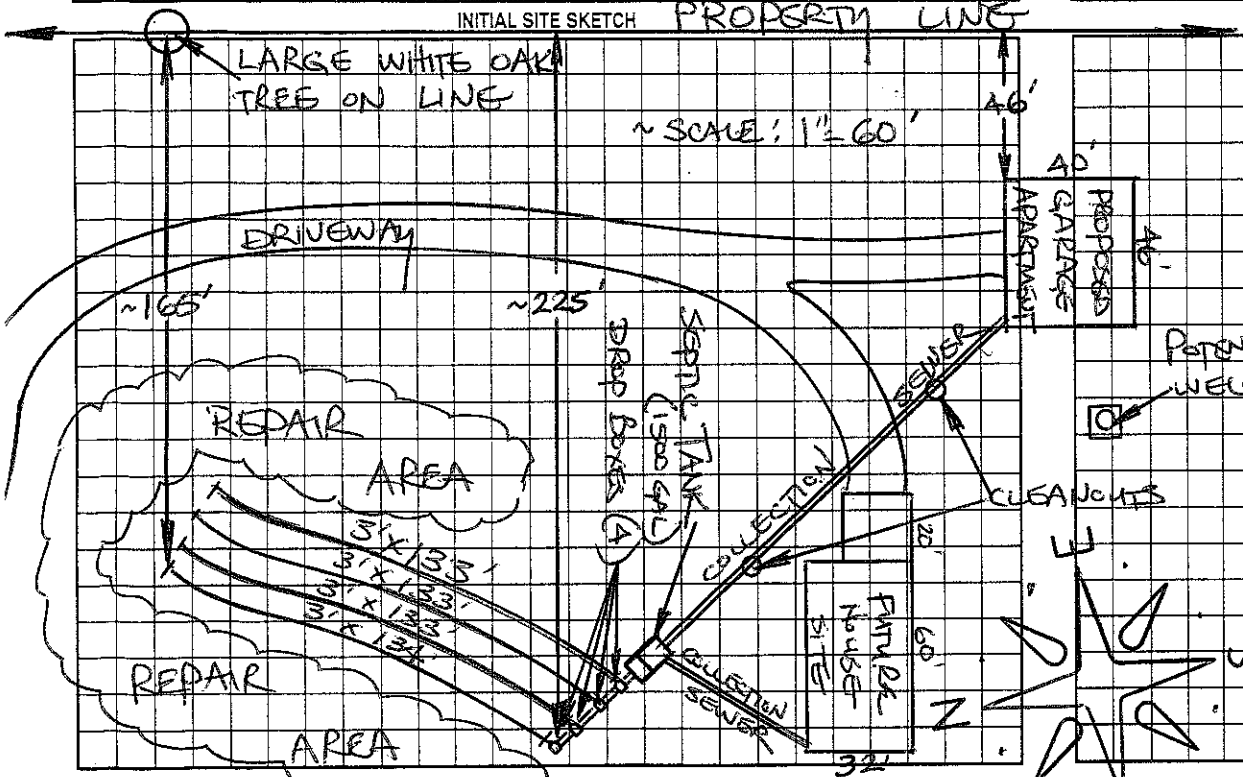
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

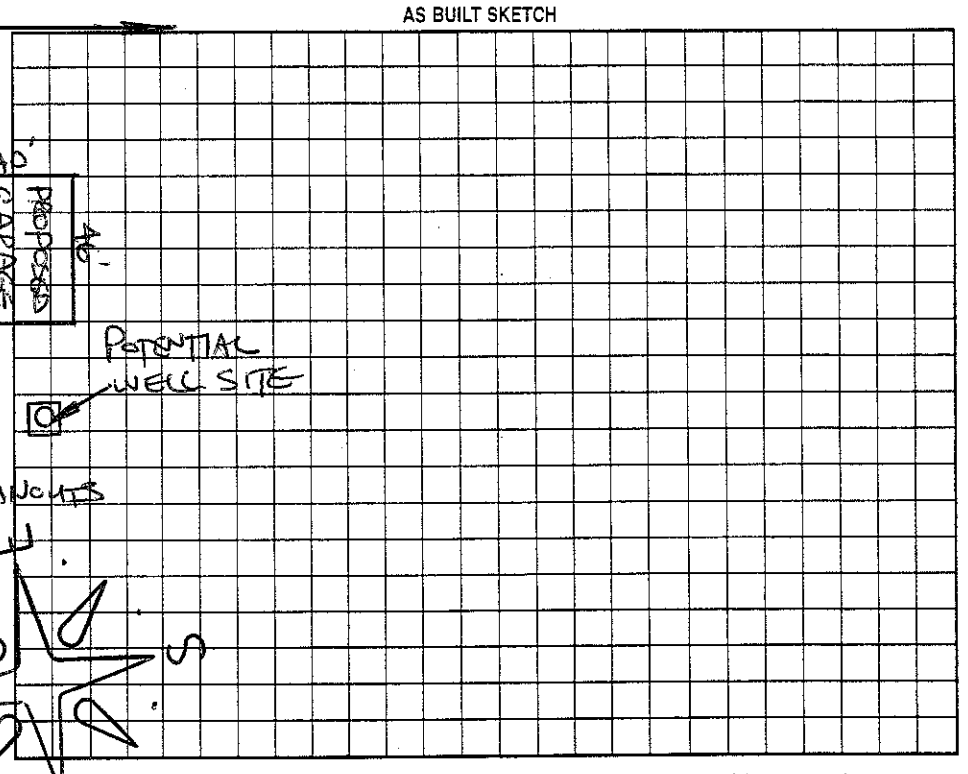
Comments:/Conditions: INSTALL DRAINLINES ON CONTOUR AS FLAGGED ON-SITE. KEEP SYSTEM MINIMUM 100' FROM WELL.

Comments:/Conditions:

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: [signature] date 9-1-04

Improvement Permit by: STEVE HEDRICK date 9-1-04

Authorization to Construct by: STEVE HEDRICK date 9-1-04

Installed by: Claudius Morrison

Operation Permit by: [signature] RS date 10/13/04

Existing System Inspection by: date

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