IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 50.00 Paid 21.00 MOORESVILLE 704-664-5281

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

PERMIT# 105360 PIN# 4659 72 5789 DATE 5/10/02

OWNER OR CONTRACTOR Teresa Newton PHONE: Business ______ Home 704-363-6964

ADDRESS 525 Shepherd Rd. Troutman, NC 28166

LOCATION 115-21W TR Shepherd Rd. on ® past Roseland Ct. - open lot between houses

SUBDIVISION Roseland Heights BLOCK / SECTION ______ LOT 2 LOT AREA .49 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 5/6/02
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 900 * Linear Feet 300 *
No Lines 4@75' Trench Width 3' Max Trench Bottom Depth 32" Gravel Depth No

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description *GRAV-EZLAY-CH. PLASTIC
Repair System Description: PRESSURE DOSED.
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 3 No. Employees ______

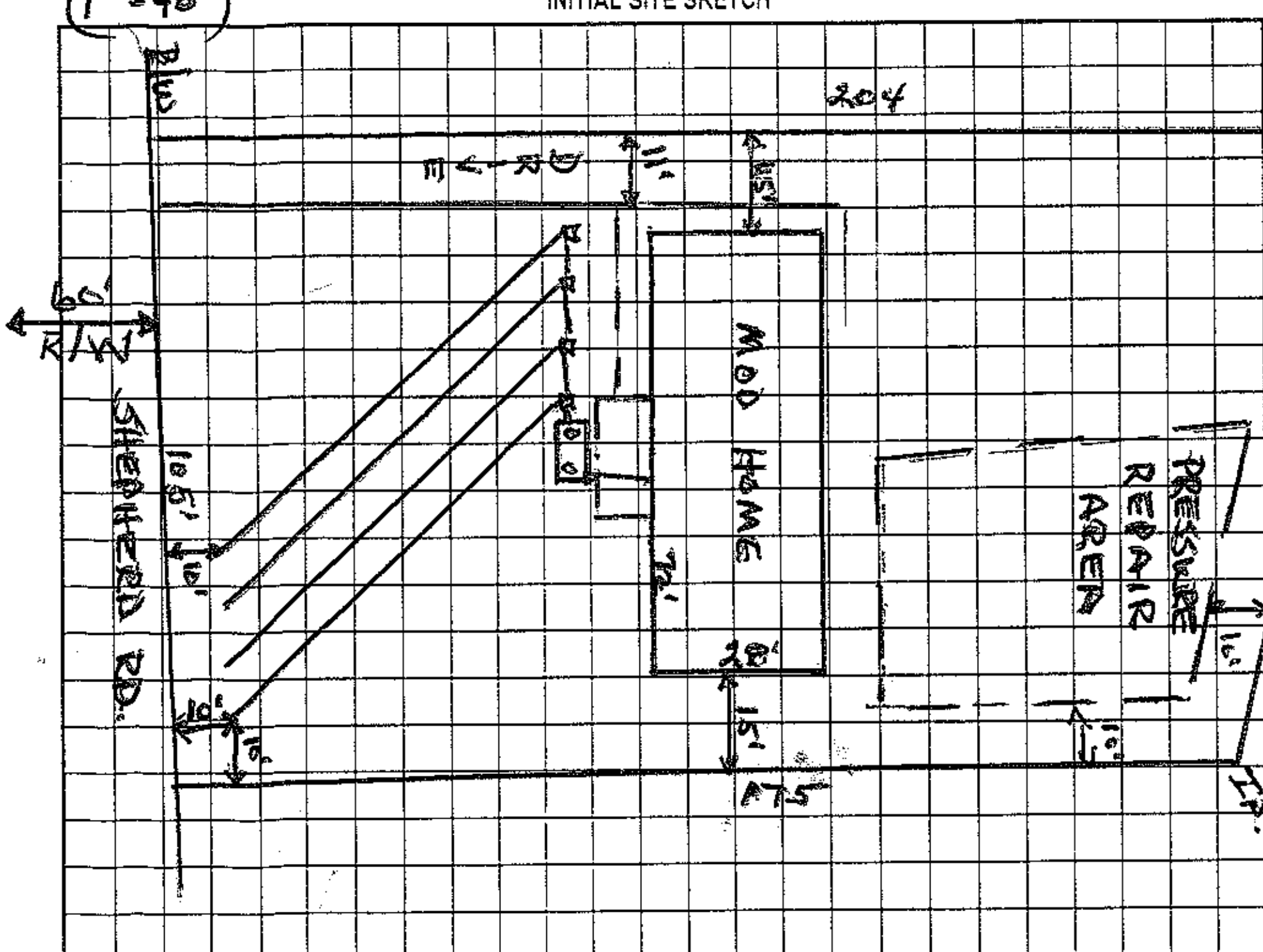
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: 25% reduced figures shown, install what written on this permit

Comments:/Conditions:

(1" = 40')

INITIAL SITE SKETCH



AS BUILT SKETCH

Infiltrators 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: * Teresa Newton date ______

Improvement Permit by: Wesley Sparks RS. date 5/10/02

Authorization to Construct by: Wesley Sparks RS. date 5/10/02

Installed by: Marty Tucker

Operation Permit by: [signature] RS date 7/19/02

Existing System Inspection by: ______ date ______

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