IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108963 PIN# 4669147897 / 4669240797 DATE 9/25/2002

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

ADDRESS 525 Shepherd Rd Troutman, NC 28166

LOCATION Hwy 115/21 North TR Shinnville on left #565 Shinnville

SUBDIVISION BLOCK / SECTION LOT — LOT AREA SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. —

Septic Tank: Existing Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: ~~No Fields~~ Square Feet Linear Feet

No Lines Existing Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description: Existing Gravity Conventional

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

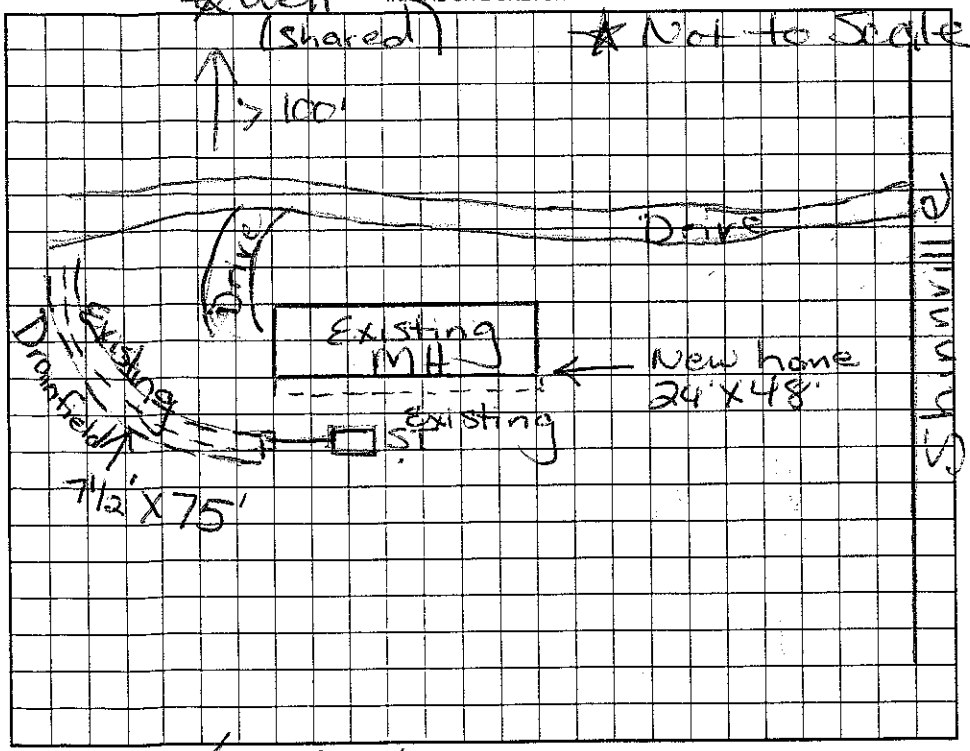
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public Shared ☐ Community

Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection No problems

Comments/Conditions: ~~X~~ Keep New MH at least 5' from Existing Septic System Okay to replace 3 Bedrooms MH

INITIAL SITE SKETCH



AS BUILT SKETCH

w/ 3 Bedrooms MH

Septic System Originally installed 1972 Karriker See attached

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: X Teresa Newton date Installed by:

Improvement Permit by: Maria H Watson RS date 9/25/2002 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: Maria H Watson RS date 9/25/2002

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