IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 075448 PIN# 4702 84 2371 (PT) DATE 8-5-98

OWNER OR CONTRACTOR TAMARA HODGES PHONE: Business (304) 472-0298 Home 528-4516 (OAKWOOD)

ADDRESS 1042 CHARLOTTE HWY TROUTMAN NC 28166

LOCATION I-70 WEST, TL EUFOLA ROAD, TR BARBARY DRIVE, NEXT TO LAST LOT ON LEFT

SUBDIVISION LANSDOWNE BLOCK / SECTION ____ LOT 28 LOT AREA 1.01 ACRES SITE CLASS. PSI DESIGN FLOW 480 L.T.A.R. 0.33 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 7-13-98
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
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

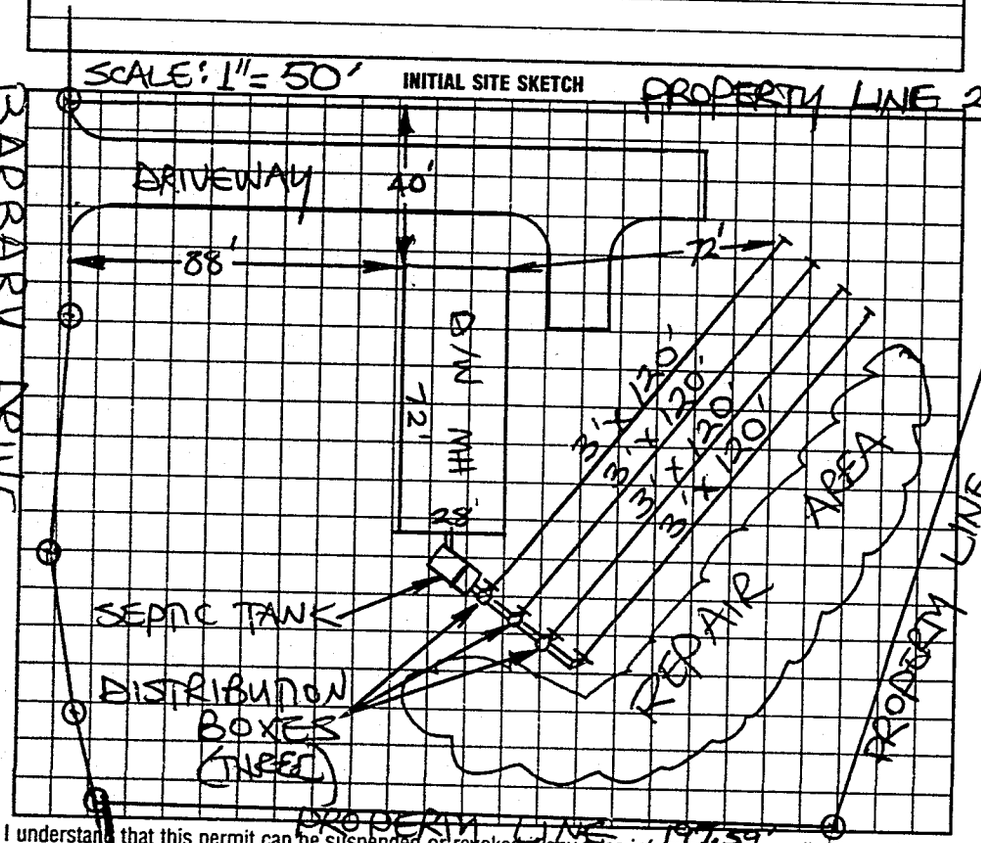
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

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SCALE: 1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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: ____ date 8-6-98

Improvement Permit by: STEVE HEDRICK date 8-5-98

Authorization to Construct by: STEVE HEDRICK date 8-5-98

Installed by: A-1 Backhoe

Operation Permit by: Mary C. Cifers date 9-16-98

Existing System Inspection by: ____ date ____

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