IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110588 PIN# 4703-00-3560 DATE 1/2/02

OWNER OR CONTRACTOR Glenn Weber PHONE: Business (704) 528-9394 Home —

ADDRESS 765 Perth Road Troutman, N.C. 28166

LOCATION Hwy 70 west, 2 miles west, L Windforest Drive, right at fork, L Twisted Oak, 1st lot on Left

SUBDIVISION Windforest BLOCK / SECTION 3 LOT 32 LOT AREA 1.176Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. Existing

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 ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

☐ New ☒ Existing ☐ Repair System Type: I (II) III. IV. V. VI
System Description: Gravity, Conventional
Repair System Description: ____
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:

12-22-95
Ref: 22875

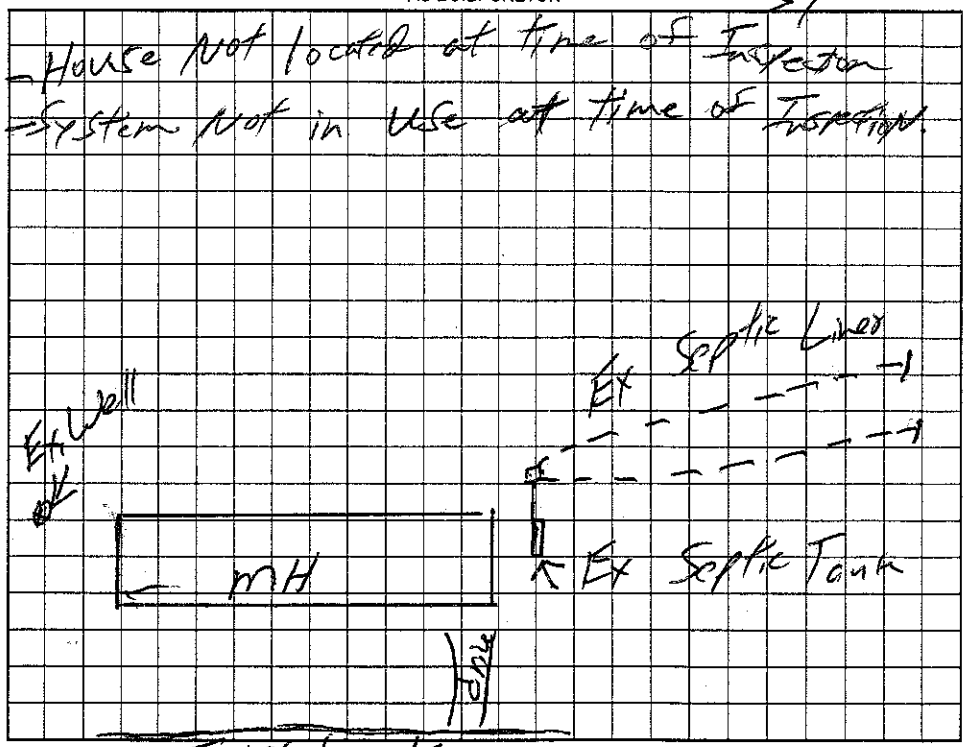
INITIAL SITE SKETCH Vivian Crookshank

Comments:/Conditions:

Keep House 5ft from septic System

AS BUILT SKETCH

House not located at time of Inspection
System not in use at time of Inspection.



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 Glenn Weber date 1/2/03 Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: William O. Johnson date 1/2/03

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