IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 87769 PIN# 4703 83 2014 DATE 10/20/00

OWNER OR CONTRACTOR Kevin Wayne Brown PHONE: Business _____ Home 528-5921

ADDRESS 458 State Park Rd. Troutman NC 28166

LOCATION 70W, Cold Mtn. R Lewis Ferry, L Grace Lyon, L Parker's Grove at end

SUBDIVISION ~~Three Oaks~~ Graeland BLOCK / SECTION 3 LOT 55 LOT AREA 1.98 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 786 Date 5-25-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 2 @ 150' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction Serial
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

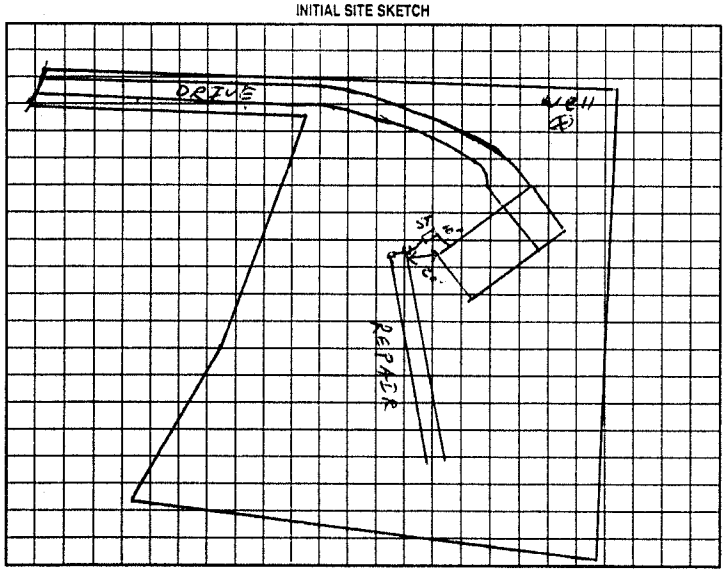
☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2.5 No. Employees _____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

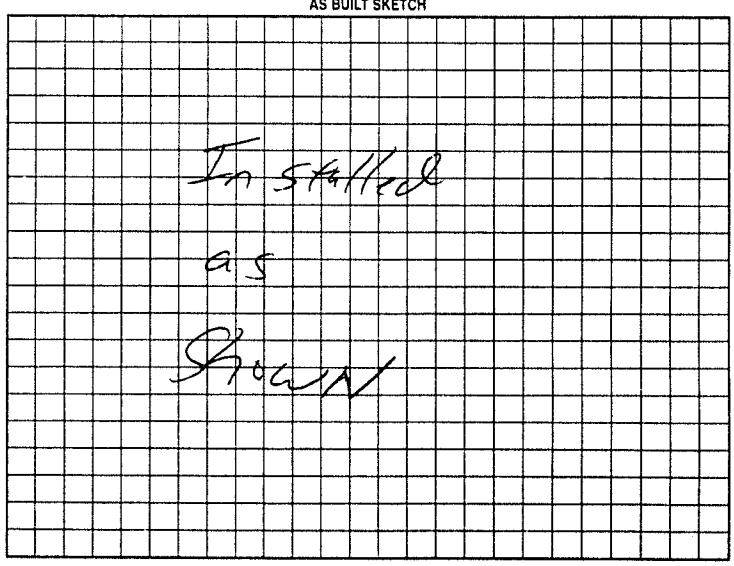
Comments:/Conditions:
1:100 Scale

Comments:/Conditions: Septic Tank marker Installed
- Poly Lok filter installed
- Installed 300 FT Rock lay

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: Kevin W Brown date 10/23/00 Installed by: Joe Ingenhour

Improvement Permit by: Michael R Lee date 10/20/00 Operation Permit by: William O. Johnson date 8/22/01

Authorization to Construct by: Michael R Lee date 10/30/00 Existing System Inspection by: _____ date _____

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