I-parts w/ 9/12/01

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101986 PIN# 4705-86-8304.109 DATE 8/12/01

OWNER OR CONTRACTOR Vanderbuilt West PHONE: Business (704) 528-3320 Home —

ADDRESS 894 S. Main Street Troutman NC. 28166

LOCATION Hwy 64 W @ Liggard Farm @ Stones Edge @ on Constine on right (Corner lot)

SUBDIVISION Stones Edge BLOCK / SECTION — LOT 109 LOT AREA .934 SITE CLASS 75 DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 1012 Date 6-19-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200'
No Lines 5@40' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth Sand

[X] New System [ ] Repair System Type: I. II (III) IV. V. VI
System Description: Gravity, 50% Red.
Repair System Description: Pump 50% Red
Maintenance Agreement Required: [ ] Yes [X] No

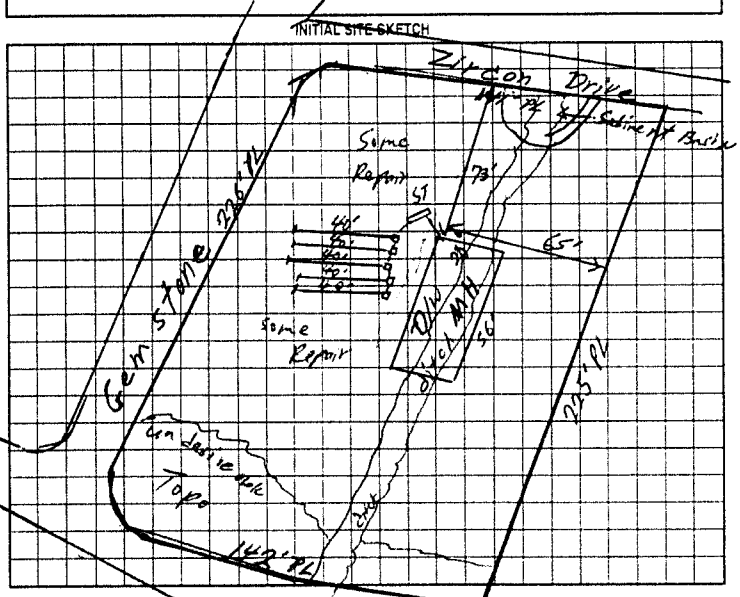
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: ① Install 50% Reduction System - Pinel Block
② Maintain all setbacks for system

Comments/Conditions: - poly lok Filter Installed
- Septic Tank Marker Installed

INITIAL SITE SKETCH




AS BUILT SKETCH

Installed as shown per Initial Site 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: ____ date 9-12-01 Installed by: A-1 Backhoe

Improvement Permit by: William O. Johnson date 9/12/01 Operation Permit by: William O. Johnson date 9/18/01

Authorization to Construct by: William O. Johnson date 9/12/01 Existing System Inspection by: ____ date ____

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