This permit Voids Permit issued on 9/12/01 ww

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~10198~~ 06745 PIN# 4705-86-8304.26 DATE 9/13/01

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

ADDRESS 894 S. Main Street Troutman NC. 28166

LOCATION Hwy 64 W, (L) on Liggard Farm, (L) on Stones Edge, On Gravestone, 2nd on Right

SUBDIVISION Stones Edge BLOCK / SECTION — LOT 26 LOT AREA .815 SITE CLASS. 5 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 4000 Gallons: STB 1012 Date 6-18-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ~~700~~ 800 Linear Feet 400
No Lines ____ Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

X New System ☐ Repair System Type: I, II (III) IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Pump, 50% Reduction
Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home X Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

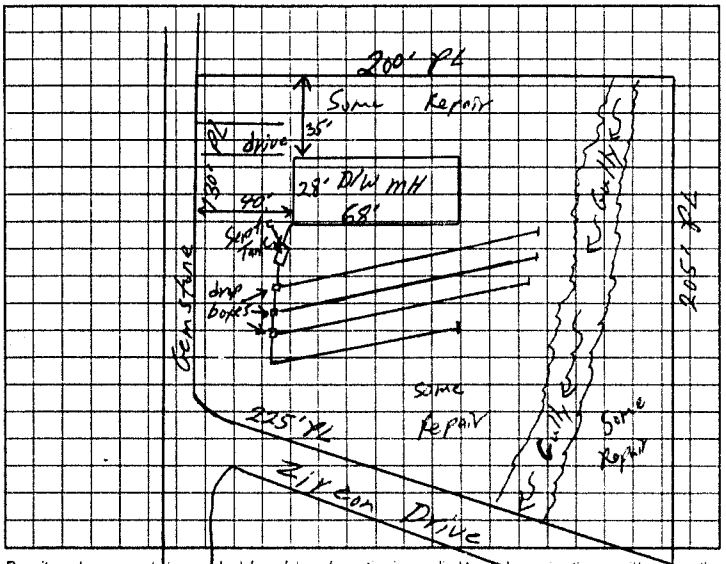
Water Supply: ☐ Individual X Public ☐ Community

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

Comments/Conditions: ① Keep 15ft off Curb ② Observe all set backs ③ Use 25% Reduction System

Comments/Conditions – Installed poly lok Filter
– Septic Tank marker Installed
– 400 ft of Infiltrator Chambers 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 ____

Improvement Permit by: William O. Johnson date 9/13/01

Authorization to Construct by: William O. Johnson date 9/13/01

Installed by: A-1 Back Hoe

Operation Permit by: William O. Johnson date 9/17/01

Existing System Inspection by: ____ date ____

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