*THIS PERMIT REPLACES PREVIOUS PERMIT ISSUED 03/23/05.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126753 PIN# 4712-97-4511 704-528-5724 - 704-902-1080 DATE 10/03/06

OWNER OR APPLICANT TODD ANDY SMITH PHONE: Business 704-402-9315 Home 704-528-0478

ADDRESS P.O. BOX 582 TROUTMAN, NC 704-878-3438

LOCATION I-40 W (L) OLD MTN. RD., (R) BUFFALO SHOALS RD., (R) COMET TR., DOWN LONG DRIVE @ END ON CUL-DE-SAC,

SUBDIVISION BADGER CREEK BLOCK / SECTION II LOT 7 LOT AREA 13.847 AC. SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1,000 Gallons: STB WT 1000 Date 9-24-06

Pump Tank: _____ Gallons: PT SPS 1012 Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ to 1440 Linear Feet 360'

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24"

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI

System Description: 25% REDUCTION, CAPACITY

Repair System Description: CONVENTIONAL, PUMP/GRAV.

Maintenance Agreement Required: [ ] Yes [X] No

Gravel Depth N/A [X] Gravity [ ] Pressure

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

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

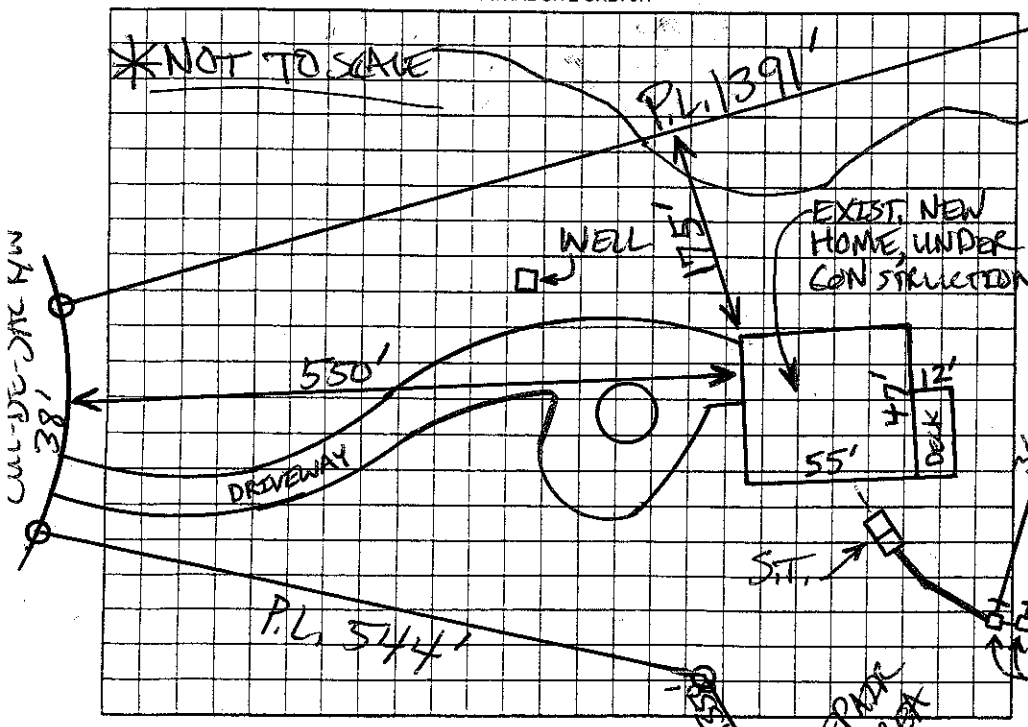
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments:/Conditions:

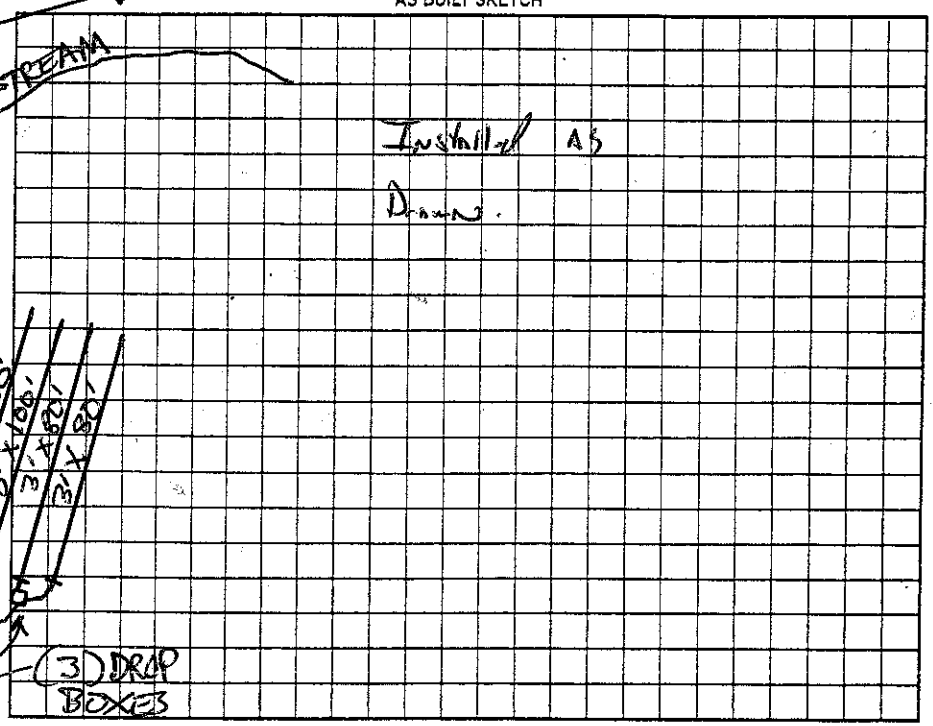
(1) USE MAXIMUM TRENCH BOTTOM DEPTH OF 24".

Comments:/Conditions: ST HAS MARKER & RISER

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 [X] Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 10-23-06 Installed by: Steve Jordan

Improvement Permit by: _____ date 10/03/06 Operation Permit by: _____, R.S. date 31 OCT. 06

Authorization to Construct by: _____ date 10/03/06 Existing System Inspection by: _____ date _____

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