IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# 4720-56-9709 .759 (old Bathhouse #) DATE 6-20-06

OWNER OR APPLICANT LAKE NORMAN STATE PARK PHONE: Business 704-528-6514 Home 704-528-6350

ADDRESS 159 INLAND SEA LANE, TROUTMAN, NC 28166

LOCATION PERTH ROAD TO STATE PARK ROAD, ENTER PARK TO OLD SWIMMING AREA ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1327.15 ACRES SITE CLASS. PS DESIGN FLOW 1200 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 2000 Gallons; STB 445 Date 10-5-08

Pump Tank: 2000 Gallons; PT 445 Date 1-3-09

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 4800 Linear Feet 1200

No Lines TWELVE Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% REDUCTION, PUMP (DUAL)

Repair System Description: 25% REDUCTION, PUMP (DUAL)

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth N/A ☐ Gravity ☑ Pressure ☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms ___

☐ Mobile Home No. Persons 230

☐ Business No. Employees 2

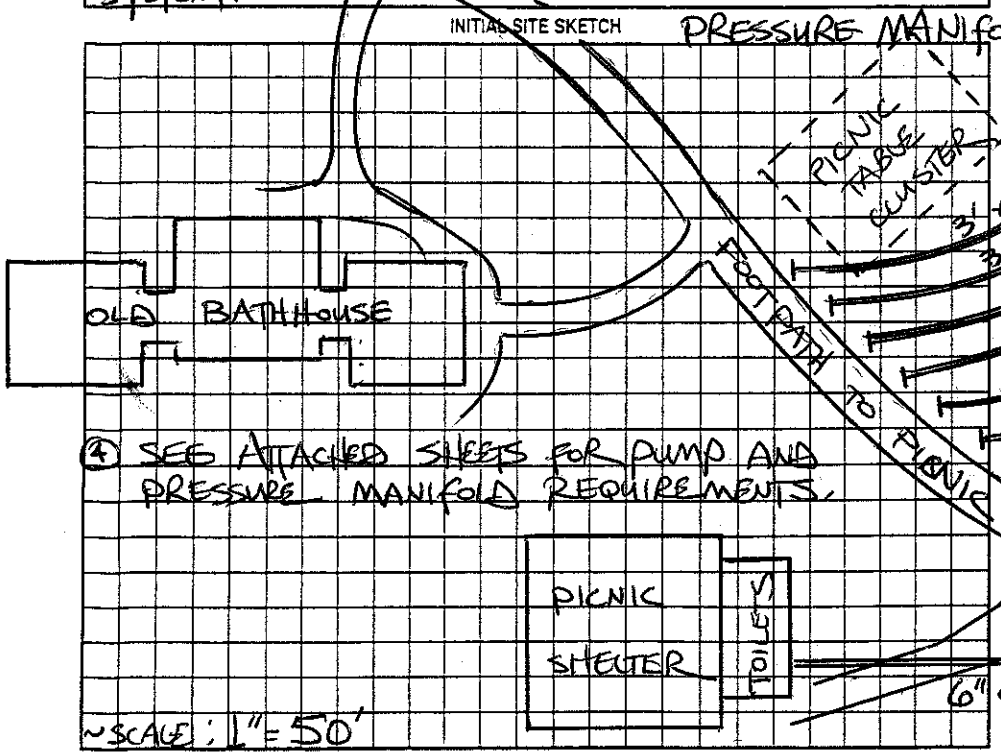
☐ Other STATE PARK PICNIC AREA

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions: ① CONTACT HEALTH DEPT. AFTER CLEARING TO FLAG OUT DRAINFIELD ② USE 2000 GALLON SEPTIC TANK WITH PRE-CAST 6" INLET. ③ INSTALL 25% REDUCTION SYSTEM.

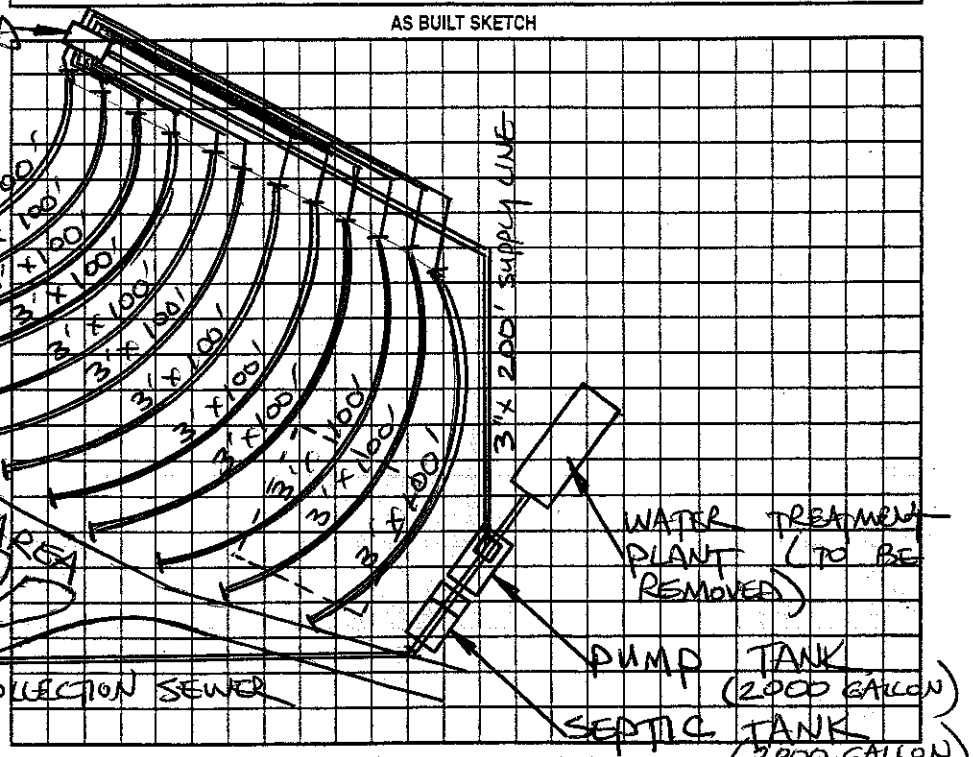
Comments:/Conditions:

INITIAL SITE SKETCH



④ SEE ATTACHED SHEETS FOR PUMP AND PRESSURE MANIFOLD REQUIREMENTS.

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: _____ date 6/21/06 Installed by: MARTY TUCKER

Improvement Permit by: STEVE HEDRICK date 6-20-06 Operation Permit by: STEVE HEDRICK date 4-8-2009

Authorization to Construct by: STEVE HEDRICK date 6-20-06 Existing System Inspection by: _____ date _____

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