THIS PERMIT VOIDS PREVIOUS ISSUED 6-9-97 CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 067013 PIN# 4721-59-6118 DATE 11-13-01

OWNER OR CONTRACTOR ARTHUR SUNN PHONE: Business _____ Home (704)528-4416

ADDRESS 417 TROUTMAN FARM ROAD, STATESVILLE, NC 28677

LOCATION I-40 W, TL OLD MOUNTAIN ROAD, TR TROUTMAN FARM ROAD, 1.3 MILES ON LEFT AT # 417

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3 GAD/FT²

Septic Tank: 1000 Gallons: STB 012 Date 9-15-01

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAVITY, CONVENTIONAL

Repair System Description: PUMP, CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

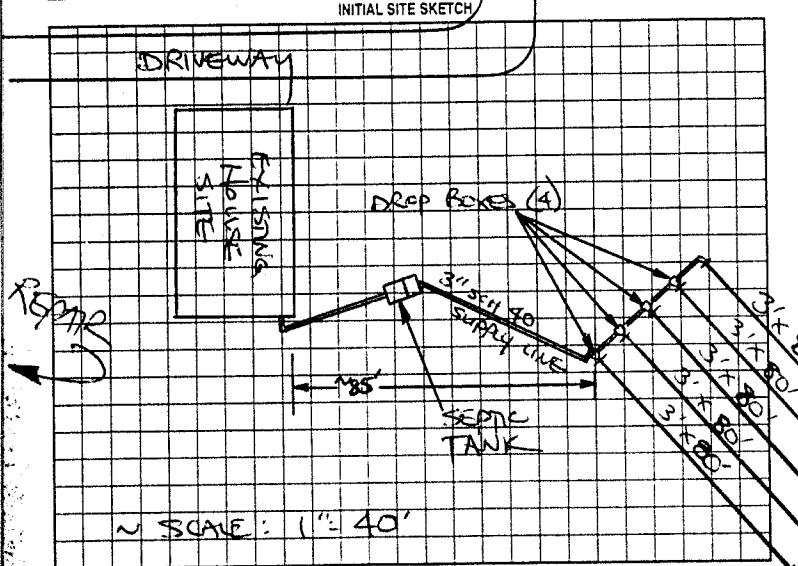
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

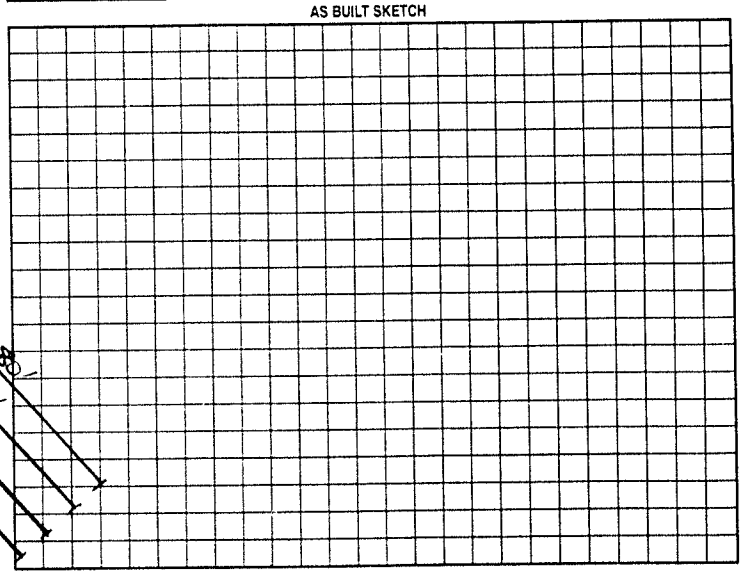
Comments/Conditions:

Comments/Conditions: POLYLOK FILTER & MARKER INSTALLED AS SHOWN

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: Arthur Sunn date 11-13-01

Improvement Permit by: STEVE HEDRICK date 11-13-01

Authorization to Construct by: STEVE HEDRICK date 11-13-01

Installed by: STEVE JORDAN

Operation Permit by: _____ RS date 11-15-01

Existing System Inspection by: _____ date _____

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