See attached permit #161583 for inground pool addition 6/2010.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 913448 PIN# ~~4721619245~~ 4721619255 DATE 3-27-06

OWNER OR CONTRACTOR Chris Shaw PHONE: Business 704-902-0084 Home

ADDRESS 746 Oswalt Amity RD Troutman NC 28166

LOCATION I-40W Oml TL East Mombo TR 1/4-1/2 mile past High area on left

SUBDIVISION BLOCK / SECTION LOT LOT AREA 206 SITE CLASS. B DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 7-13-06
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields Square Feet 1600 Linear Feet 400
No Lines 4 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth NA

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

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other

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

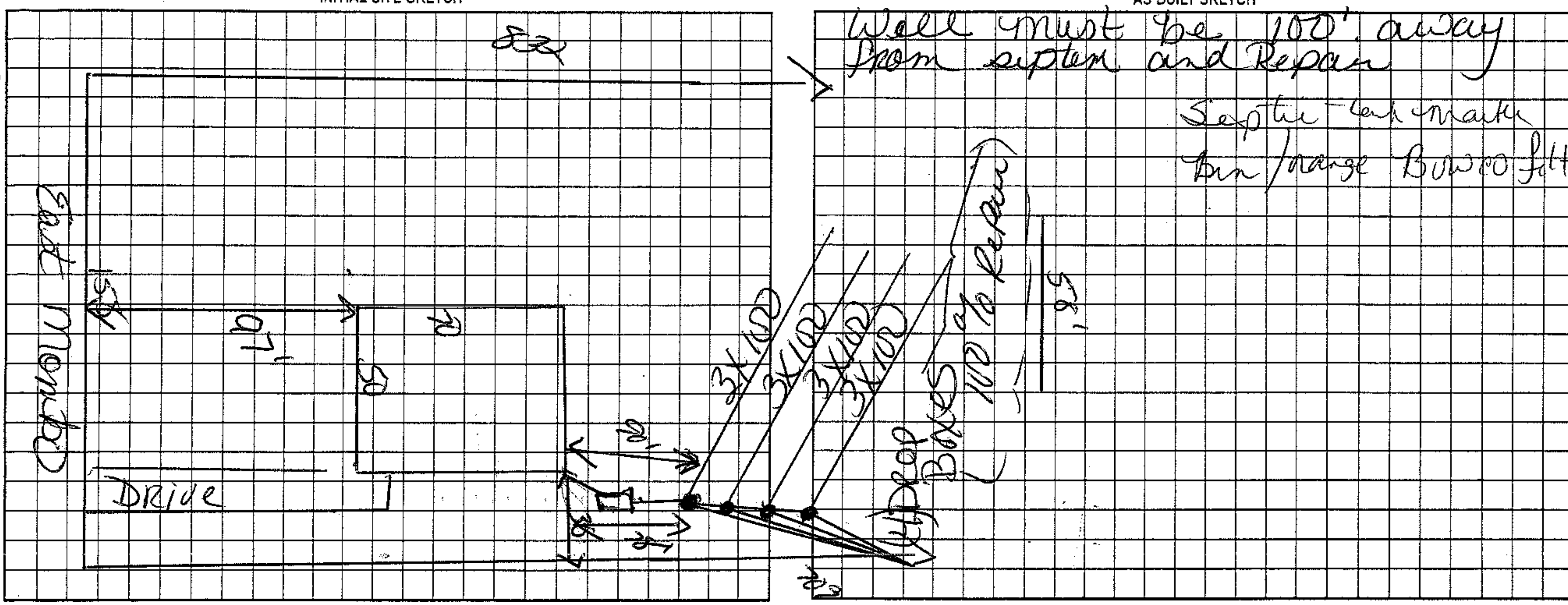
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:
(NOT to SCALE)

Comments:/Conditions:
Scour sides of trenches
Install on contour
Maintain all setbacks

INITIAL SITE SKETCH

AS BUILT SKETCH



Owner 4/21/10 - Dennis Watkins

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: Chris Shaw date Installed by: James Hudden

Improvement Permit by: Kelly Cook date 3-27-06 Operation Permit by: Kelly Cook date 9-12-06

Authorization to Construct by: Kelly Cook date 3-27-06 Existing System Inspection by: date

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