VOIDS PERMIT DATED 3-2-99

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 79434 PIN# 4721 83 4812 DATE 5-5-99

OWNER OR CONTRACTOR Debra Alford PHONE: Business _____ Home 528-0925

ADDRESS 568 E Monbo Rd Troutman NC

LOCATION Old MT Rd (L) E Monbo Rd 1½ mile on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 12 5 99
Pump Tank: 1000 Gallons; PT 27 Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

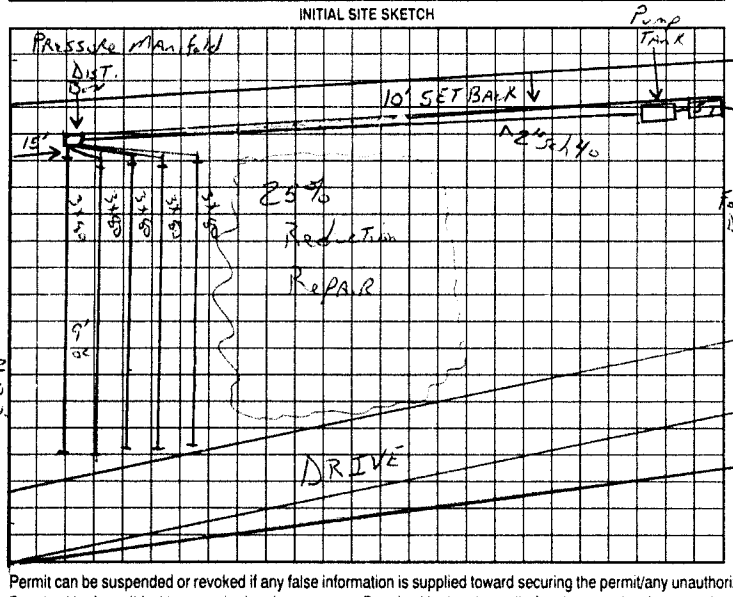
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

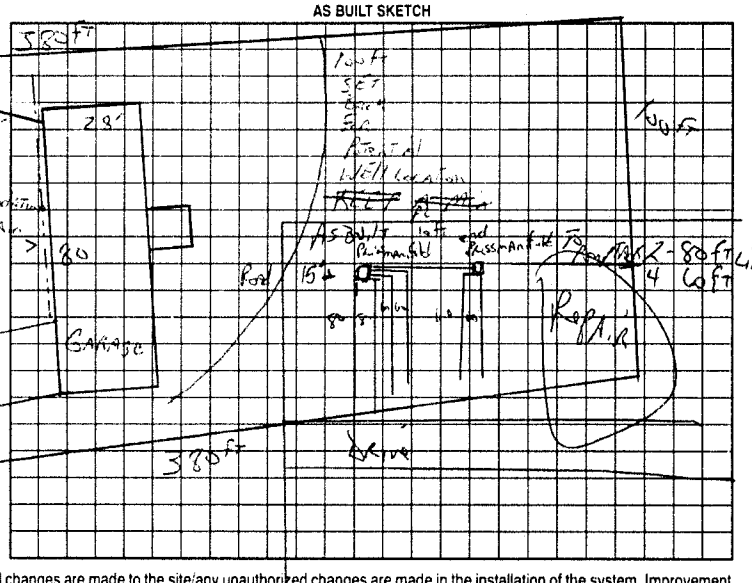
Comments/Conditions: See Attachment for Sizing Pump & Pressure Manifold
Design Landscape To Provide Surface drainage
Well Located 100ft from Septic System VOIDS Permit

Comments/Conditions: ① Inspected Tank & Pump tank - 1st 2 Lines Encased
② Pressure check 8.5.99.
③ Need to check NEMA 4 Box & Cable in Box
Dated 3.2.99

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: Debra L. Alford date 5-6-99 Installed by: Buddy Chaney's

Improvement Permit by: L. Potter date 5-5-99 Operation Permit by: M C Potter / Mark C. Ott date 8-10-99

Authorization to Construct by: L. Potter date 5-5-99 Existing System Inspection by: _____ date _____

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