0014

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102250 PIN# 4721933633 Leon Trotman DATE 9/19/2001

OWNER OR CONTRACTOR Laura Crater PHONE: Business 528-6347 Home (704) 878-3011

ADDRESS 305 Murdock Rd Trotman, NC 28166

LOCATION Hwy 21 S TR Talley Rd TL Hicks Creek on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 Acre SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 8-25-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4@1000 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I (II) III IV V VI
System Description: Gravity - Conventional
Repair System Description: Pump - 25% Reduction
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

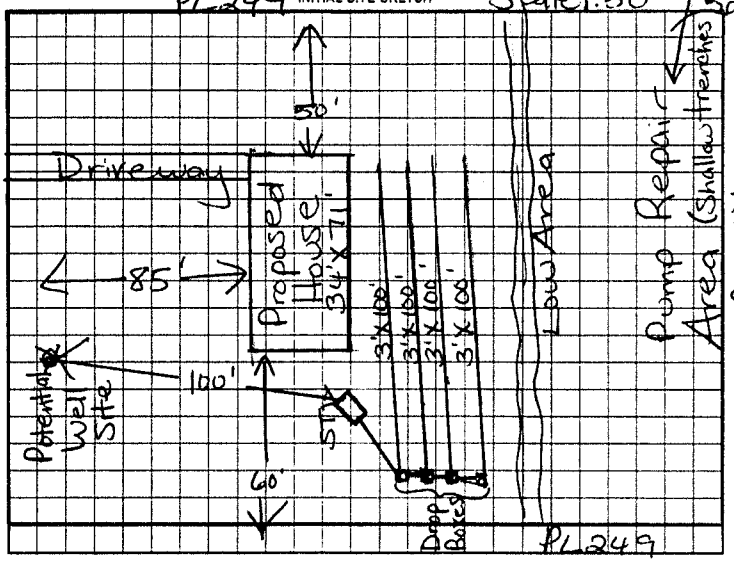
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System at least 10' from PL & 100' from well. Keep Initial System Above Flow Area.

Comments/Conditions:
- poly/lok filter Installed
- Septic Tank Marker Installed

PL 249 INITIAL SITE SKETCH Scale 1:50



AS BUILT SKETCH

Installed as Shown per Initial Site 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: Leon Trotman date 9/19/2001 Installed by: A-1 Backhoe

Improvement Permit by: Maina H. Dotson RS date 9/19/2001 Operation Permit by: William O. Johnson date 1/11/01

Authorization to Construct by: Maina H. Dotson RS date 9/19/2001 Existing System Inspection by: _____ date _____

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