IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090584 PIN# 4723 73 8016 (pt) DATE July 17, 2000

OWNER OR CONTRACTOR Carol L. Crump PHONE: Business _____ Home _____

ADDRESS 8157 Rowe St. Cove Island N.C. 28609

LOCATION From Troutman on Old Mtn Rd. to R Buffalo Shoals Rd ~1/2 miles on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT 2 LOT AREA 3.166 Ac SITE CLASS A5 DESIGN FLOW 300gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 312 Date 4-17-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V-A-T
System Description: GRAVITY CONVENTIONAL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

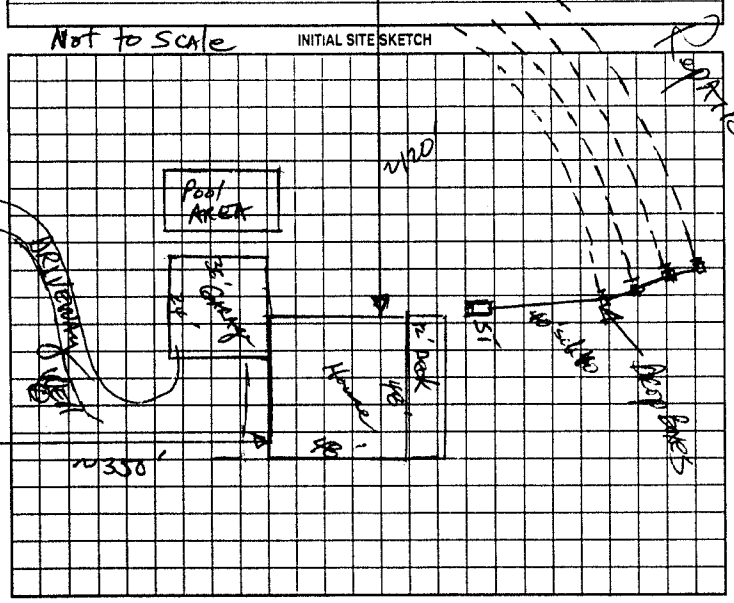
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3½
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

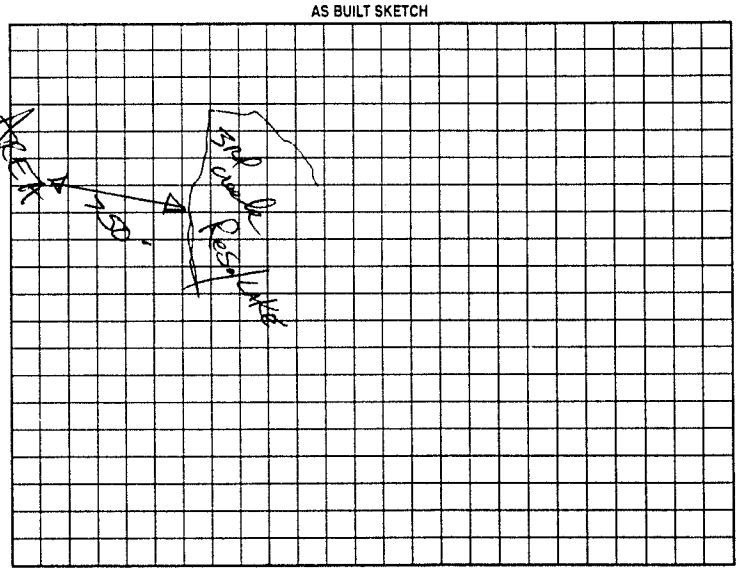
Comments/Conditions: PT

Comments/Conditions: SEPTIC TANK WITH RISERS AND MARKER INSTALLED USING "ZABEL" FILTER

Not to scale 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: Carol L Crump date _____ Installed by: WES LYTTON

Improvement Permit by: _____, RS date 7-17-00 Operation Permit by: STEVE HENDRICK date 8-10-01

Authorization to Construct by: _____, RS date 7-17-00 Existing System Inspection by: _____ date _____

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