4:00

IREDELL COUNTY HEALTH DEPARTMENT

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

C7

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

(1)

PERMIT# 143082 PIN# 4726-91-8085 DATE 6-12-07

OWNER OR APPLICANT BILLY FRANKLIN LITTLE, JR PHONE: Business 704-880-3068 Home

ADDRESS 1014 FOURTH ROAD, TROUTMAN, NC 28166

LOCATION NC 115 NORTH, TL SCOTTS CREEK ROAD, TL ETHEL LANE, LOT #13 ON LEFT

SUBDIVISION WOOD ROSE BLOCK / SECTION LOT 13 LOT AREA 0.658 ACRE SITE CLASS. PS' DESIGN FLOW 360 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 4-16

Pump Tank: Gallons; PT Date

Pump Make: Model EQ.T Serial No.

Nitrification Field: No Fields 1 Square Feet 1056 Linear Feet 264

No Lines SIX Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCTION, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Persons No. Employees

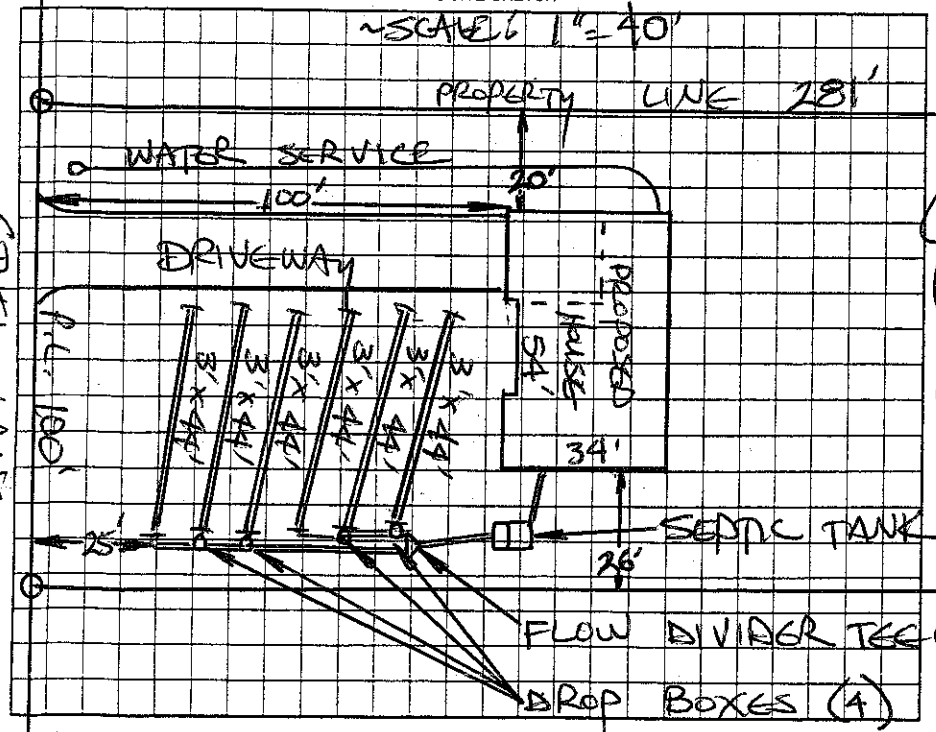
Water Supply: ☐ Individual ☑ Public ☐ Community

Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

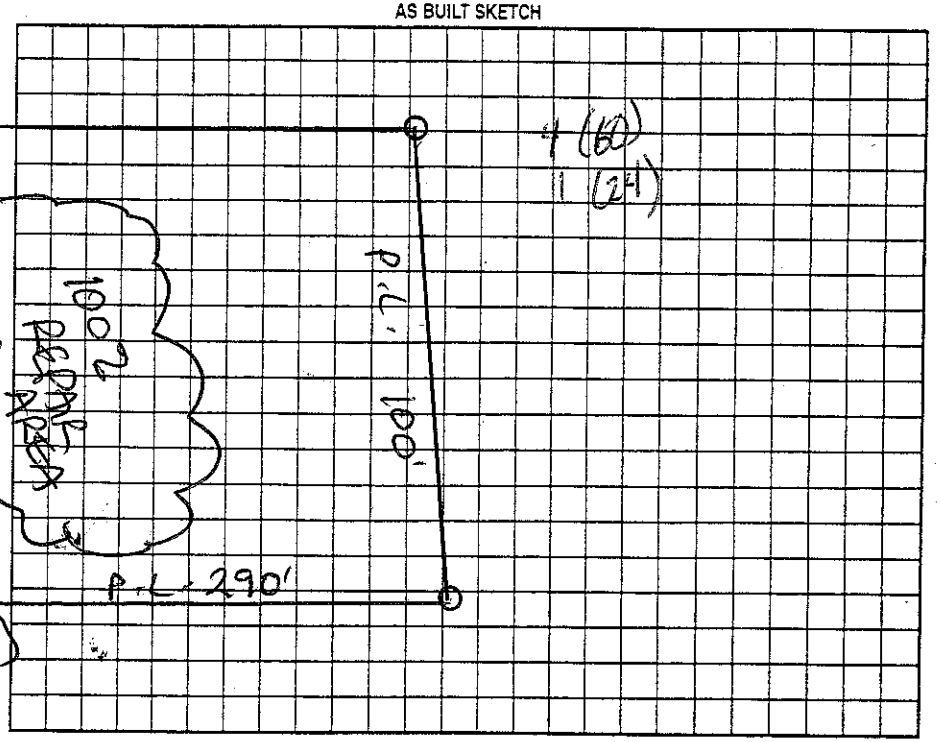
Comments/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN.

Comments/Conditions:

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: Billy Little date 6-19-07 Installed by: Gallimore Grading

Improvement Permit by: STEVE HEDRICK date 6-12-07 Operation Permit by: [signature] date 9-19-07

Authorization to Construct by: STEVE HEDRICK date 6-19-07 Existing System Inspection by: date

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