IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108421 PIN# 4728-04-4947 DATE 8/29/02

OWNER OR CONTRACTOR Richard Crone PHONE: Business (704) 528-6155 Home —

ADDRESS P.O. Box 1184 Troutman N.C. 28166

LOCATION Hwy 115 N. ② on Pisgah Road, ② on Treebark property on right ② Big Power Lines

SUBDIVISION Treebark Ac BLOCK / SECTION 3 LOT 7 LOT AREA 4.43 Acres SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .35 gpd/ft²

Septic Tank: 1,000 Gallons; STB 1007 Date 2-20-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 343

No Lines 3@115 Trench Width 36" Max Trench Bottom Depth 32"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity, Conventional

Repair System Description: Gravity, 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12"

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

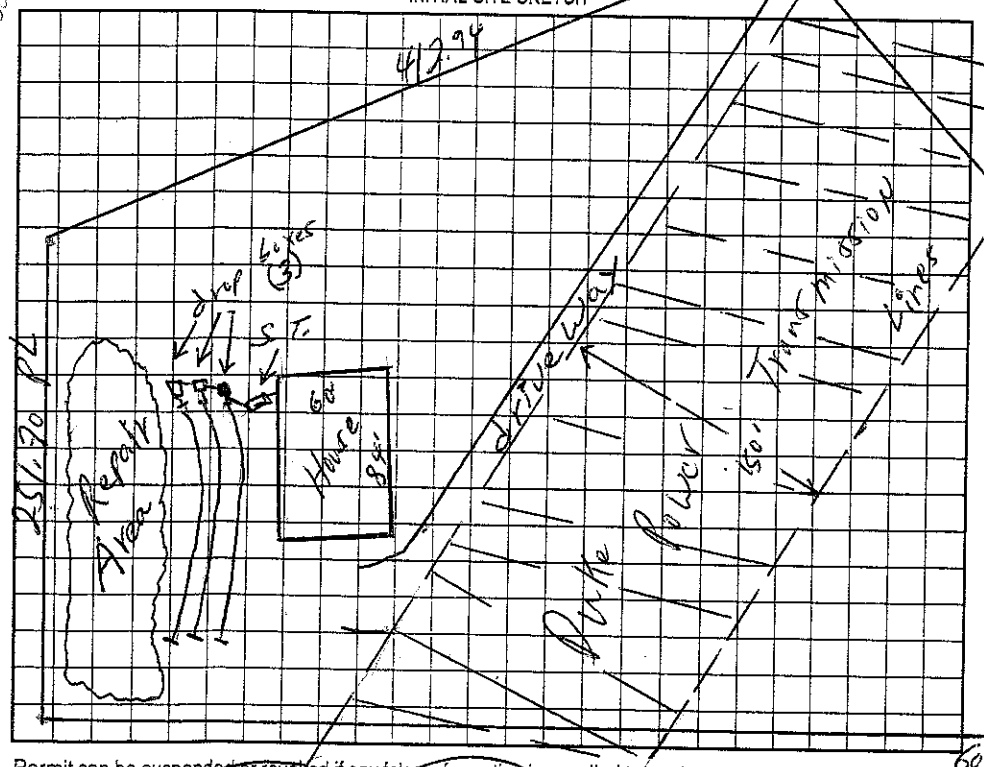
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

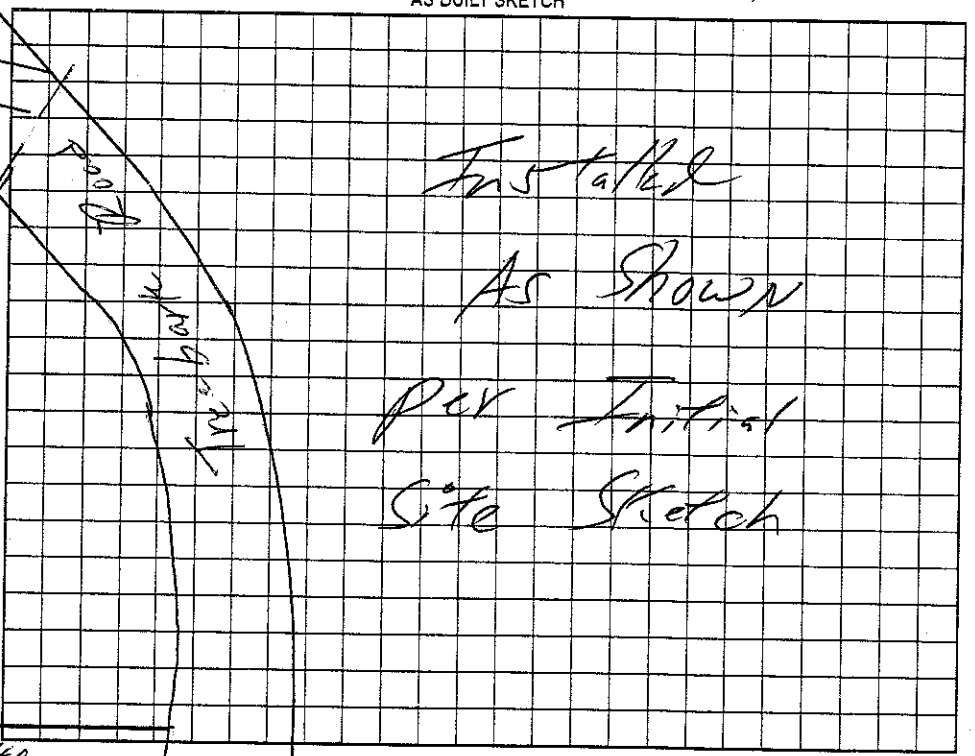
Comments:/Conditions: ① Maintain proper Setbacks ② Install lines on Contour

Comments:/Conditions: - Poly 10K Filter + ST marker Installed Installed 364 ft of Conventional Gravity

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: _____ 8-3-02 date _____ Installed by: Jody Travis

Improvement Permit by: William O. Johnson date 8/29/02 Operation Permit by: William O. Johnson date 4/24/03

Authorization to Construct by: William O. Johnson date 4/2/03 Existing System Inspection by: _____ date _____

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