IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11482 PIN# 4729-03-3562 DATE 8/19/03

OWNER OR CONTRACTOR Shirley Zenner PHONE: Business _____ Home (704) 528-0848

ADDRESS 212 Perth Rd Troutman NC 28166

LOCATION Hwy 115 N. (2) County Estate Rd (L) Triton

SUBDIVISION County Life Est BLOCK / SECTION — LOT 61 LOT AREA .50 Ac. SITE CLASS. PS DESIGN FLOW 3 L.T.A.R. Exempt

Septic Tank: 1,000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 3 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth 12"

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

System Description: Existing County Conv.

Repair System Description: _____

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

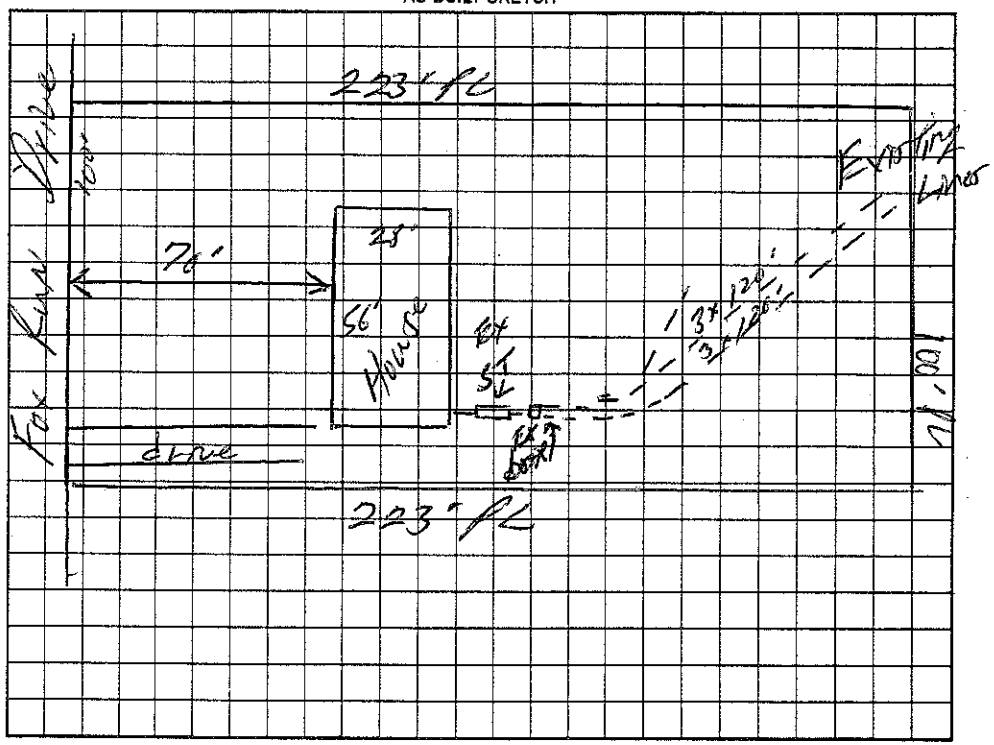
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: System not in use @ time of inspection; System Appears to be functioning properly. Minimum Proper Set Backs From House + PL + Well (Ref: Triton Emerald 3-30-88)

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: E. R. Hall date 8/21/03

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: William O. Johnson date 8/19/03

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