See attached home addition layout 2/2010

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127966 PIN# 4730-03-7821 4484 RONNY BLOOMER DATE 6-28-05

OWNER OR CONTRACTOR SANDRA C ALLIAM PHONE: Business 704-902-2057 Home 704-528-6837

ADDRESS 466 State Park Rd Troutman, N.C. 28166

LOCATION State Park RD, 3RD DRIVEWAY ON RT EXISTING DRIVEWAY

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 13.15± AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .35

EXISTING

Septic Tank: 1000 Gallons; STB _____ Date EXISTING

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 125'

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 60% CONV

Repair System Description: 50% REDUCT

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

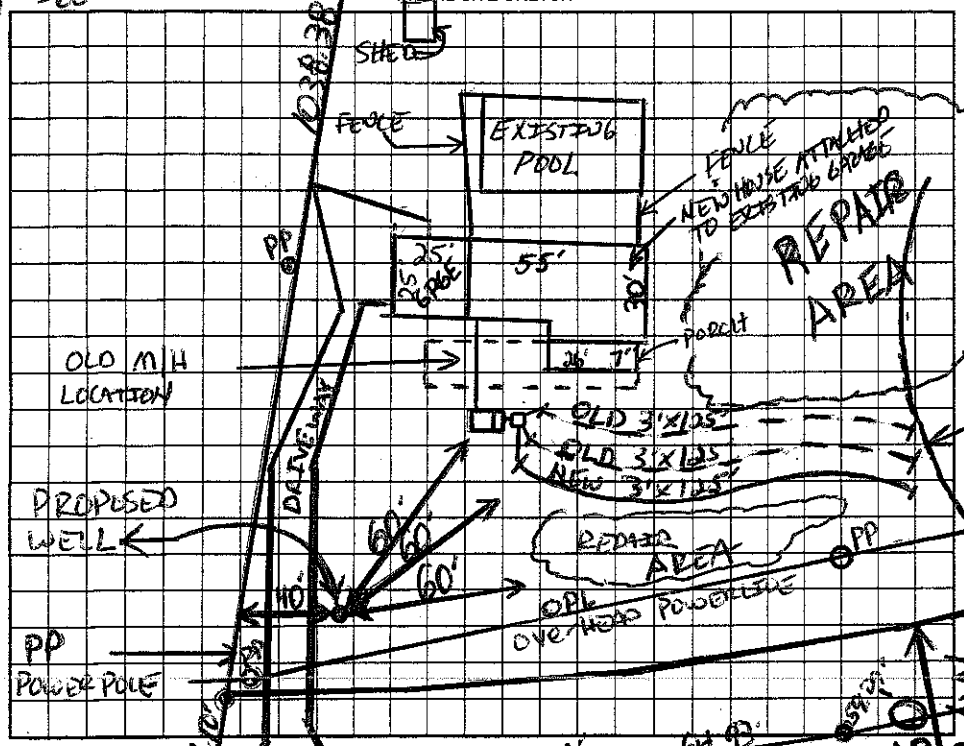
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: ① EXISTING SYSTEM IS SIZED FOR 2 BEDROOM HOME. INSTALL NEW 3'X125' 50% REDUCTION LINES DOWN USING SPEED LEVELERS IN THE BOX. ② MAINTAIN SETBACKS ③ KEEP FALL TO TANK

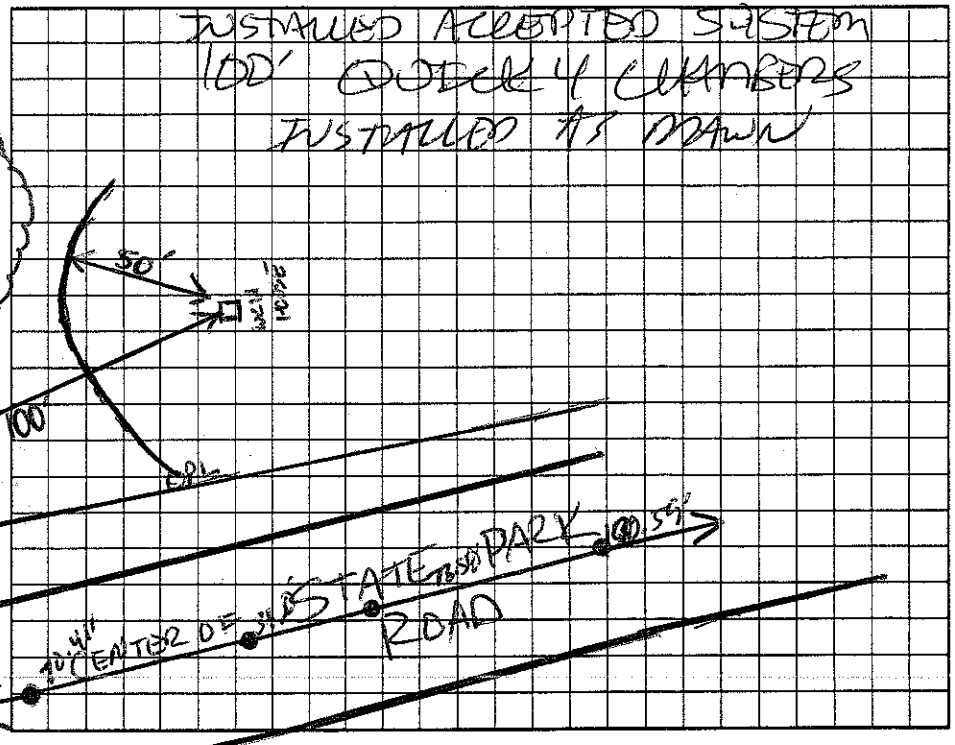
Comments:/Conditions: "AN ACCEPTED SYSTEM MAY ALSO BE USED"

1" = 60'

INITIAL SITE SKETCH



AS BUILT SKETCH



1-Apl-7Ab-6360

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: Ronnie Bryant date 11-28-05 Installed by: TOMMY DAVIS

Improvement Permit by: _____ date 6-28-05 Operation Permit by: _____ date 11-18-05

Authorization to Construct by: _____ date 6-28-05 Existing System Inspection by: _____ date _____

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