IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094623 PIN# 4730 25 1221 DATE 3/5/01

OWNER OR CONTRACTOR MARIE HOFF PHONE: Business _____ Home (704) 528-6157

ADDRESS 466 STATE PARK RD., TROUTMAN, NC 28166

LOCATION STATE PARK RD, (R) HICKS CRK. RD. (R) BRENDLE AT END ON CUL DE SAC

SUBDIVISION BRENDLE HILLS BLOCK / SECTION _____ LOT 7 LOT AREA .51 Ac. SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. .35

Septic Tank: 1000 Gallons; STB _____ Date 9-9-4

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field; No Fields 1 Square Feet 1028 Linear Feet 252'

No Lines 4 Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: 25% REDUCTION

Repair System Description: 50% REDUCTION (PBPS)

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

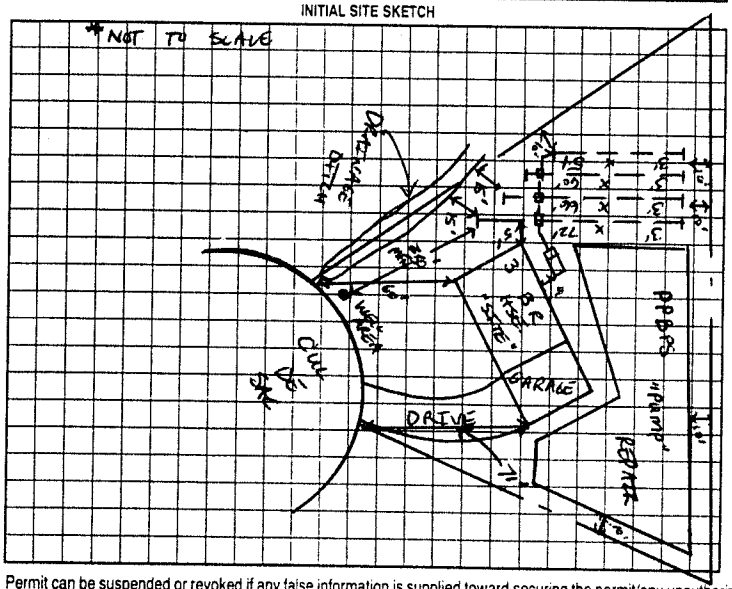
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

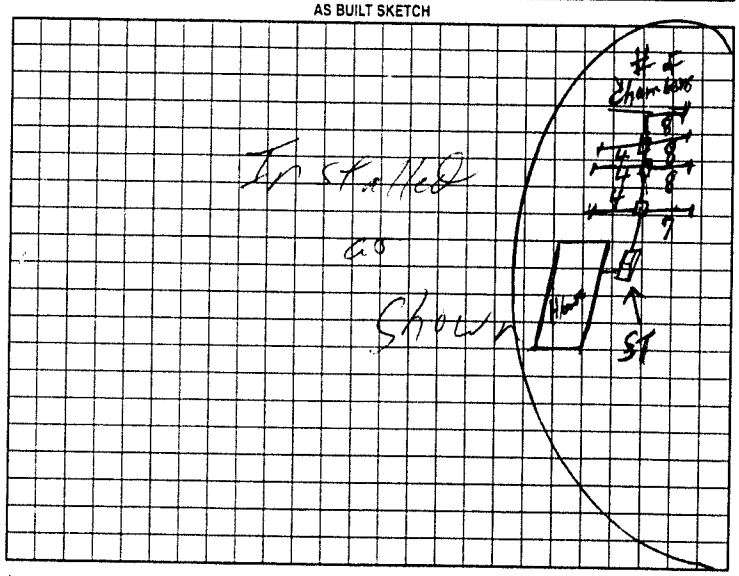
Comments/Conditions: ① NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS ③ MAINTAIN NOTED SETBACKS ④ INSTALL DRAINLINES UNIFORM AND ON CONTOUR

Comments/Conditions: -43 Infiltrator Chamber Footfield
- Septic Tank Marker
- Poly Lok Filter Footfield

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: Marie Hoff date 3/8/01

Improvement Permit by: Tracy Shinn date 3/5/01

Authorization to Construct by: Tracy Shinn date 3/5/01

Installed by: Tommy Frye

Operation Permit by: William C. Johnson date 10/31/01

Existing System Inspection by: _____ date _____

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