THIS PERMIT VOIDS PREVIOUS ISSUED 9-5-00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 091566 PIN# 4730 33 0761 DATE 11-13-01

OWNER OR CONTRACTOR SHANA BROOKS PHONE Business _____ Home (704) 528-3007

ADDRESS 323 STATE PARK ROAD, TROUTMAN NC 28166

LOCATION PERTH ROAD TR STATE PARK ROAD TL LOCKHARD CIRCLE, 0.3 MILE ON LEFT

SUBDIVISION STATE PARK MANS BLOCK / SECTION _____ LOT 4 LOT AREA 4.69 ACRES SITE CLASS PS DESIGN FLOW 480 L T A R 0.25 GAD/FT²

Septic Tank: 1000 Gallons. STB 1007 Date 06/04/02
Pump Tank: _____ Gallons. PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 640
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36 Gravel Depth 12"

✓ New System Repair System Type I (II) III IV V
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONVENTIONAL PUMP
Maintenance Agreement Required Yes ✓ No

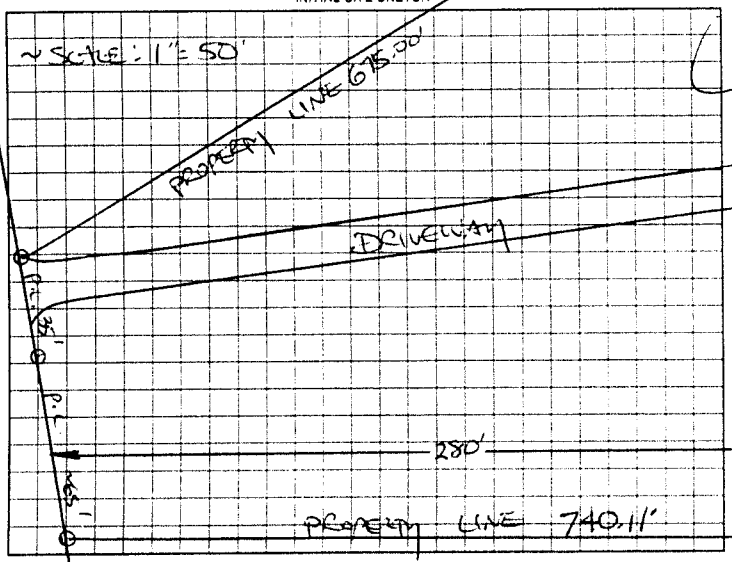
✓ House/Mod Home No Bedrooms 4
Mobile Home No Bathrooms 3
Business No Employees _____
Other _____
Slab Crawl Space ✓ Basement w/plumbing Basement wo/plumbing

Water Supply: ✓ Individual ☐ Public ☐ Community
WELL

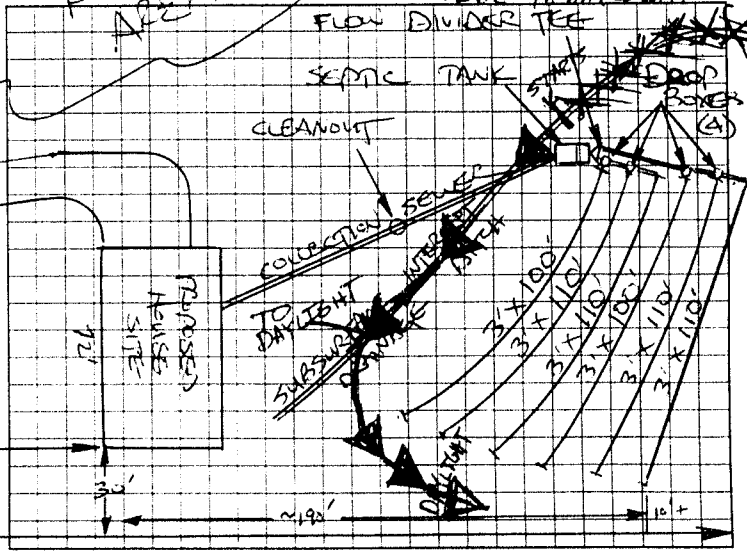
Comments/Conditions: ① INSTALL SUBSURFACE INTERCEPT DRAINAGE DITCH AT LOCATION SHOWN BEGINNING 48" DEEP CUT TO DAYLIGHT. ② KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments Conditions: *SEPTIC TANK INSTALLED USING POLY-LOC FILTER + SEPTIC MARKER
*SYSTEM INSTALLED AS ~~FRENCH DRAIN~~ CHANGED TO CYPSITE SIDE TO DAYLIGHT.

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: Shana J. Brooks date 11-13-01 Installed by WAYNE CLONTZ

Improvement Permit by: STEVE HENRICK date 11-13-01 Operation Permit by Patsy Hendrick date 03/28/02

Authorization to Construct by: STEVE HENRICK date 11-13-01 Existing System Inspection by _____ date _____

HEALTH DEPT COPY WHITE OWNER COPY FINAL YELLOW OWNER COPY INITIAL PINK