IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 3-28-2001

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

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

PERMIT# Troutman PIN# 4730 48 6343 DATE 6-9-01

OWNER OR CONTRACTOR RAY SHORT PHONE: Business (704) 202-5568 Home

ADDRESS P.O. BOX 3792 MOORESVILLE NC 28117

LOCATION US 21 S, TR PORTH, TR STATE PARK, TR MEADOWGLEN DR TL SPRING LAKE DR, LOT #70 ON LEFT

SUBDIVISION MEADOW GLEN BLOCK / SECTION IV LOT 70 LOT AREA 0.3528 ACRE SITE CLASS PS DESIGN FLOW 360' L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 794 Date 8-25-01

Pump Tank: 1000 Gallons: PT 27 Date 9-1-01

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 60 TO 1200 Linear Feet 200

No. Lines SIX Trench Width 24" Max Trench Bottom Depth 36"

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

System Description: 50% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, LOW PRES

Maintenance Agreement Required: ☐ Yes ☑ No

~~Gravel~~ Depth SAND 6" ☑ Slab ~~Crawl Space~~ ☐ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

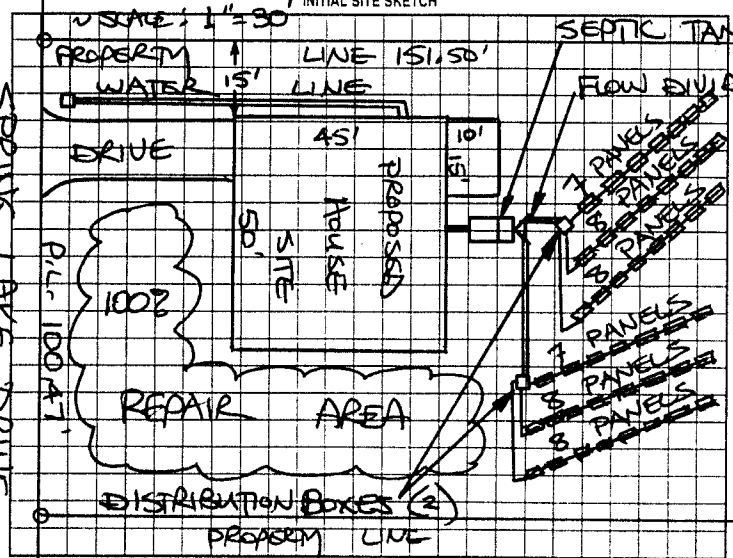
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

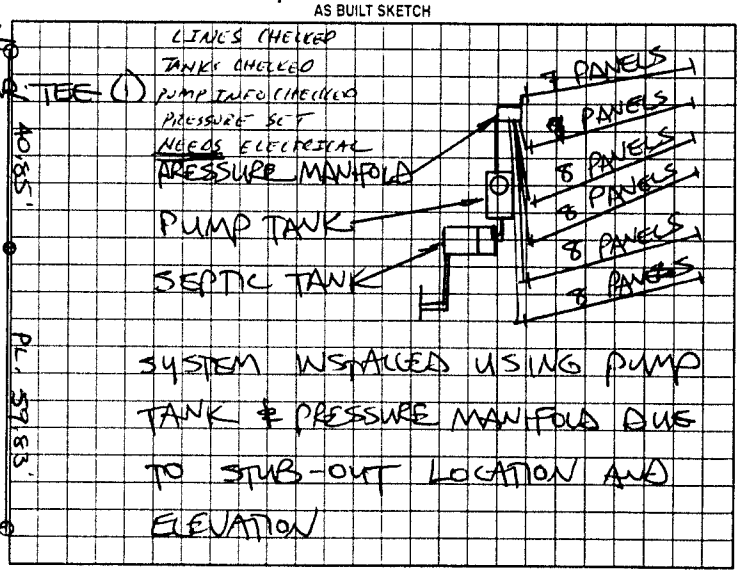
Comments/Conditions: CONTACT HEALTH DEPT. AFTER CLEARING TO FLAG SYSTEM ② INSTALL 46 PPBPS PANELS IN SIX LINES AS SHOWN ③ USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO DIST. BOXES FEEDING THREE LINES EACH

Comments/Conditions: *PLUMBING MUST BE STUBBED OUT SHALLOW (AT NATURAL GRADE)* ① SEPTIC TANK W/ MARKER INSTALLED USING "BABE" FILTER

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: Ray Short date _____ Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 6-9-01 Operation Permit by: ST William O. Johnson date 11/27/01

Authorization to Construct by: STEVE HEDRICK date 6-9-01 Existing System Inspection by: _____ date _____

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