THIS PERMIT REPLACES PREVIOUS ISSUED 10/4/06

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CI) MOORESVILLE 704-664-5281

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

PERMIT# 138363 PIN# 4730-55-8977 DATE 3-16-07

OWNER OR APPLICANT LAURIE KLUM PHONE: Business 704-832-2381 Home 704-528-7280

ADDRESS 994 PERTH ROAD, TROUTMAN, NC 28166

LOCATION US 21S, TR PERTH ROAD (WAGNER), TR ADJACENT TO #994, 400' BACK off ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.99± ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25 GPD/F

Septic Tank: 1000 Gallons; STB 1000 Date 7-3-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 480

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

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 50% REDUCTION, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

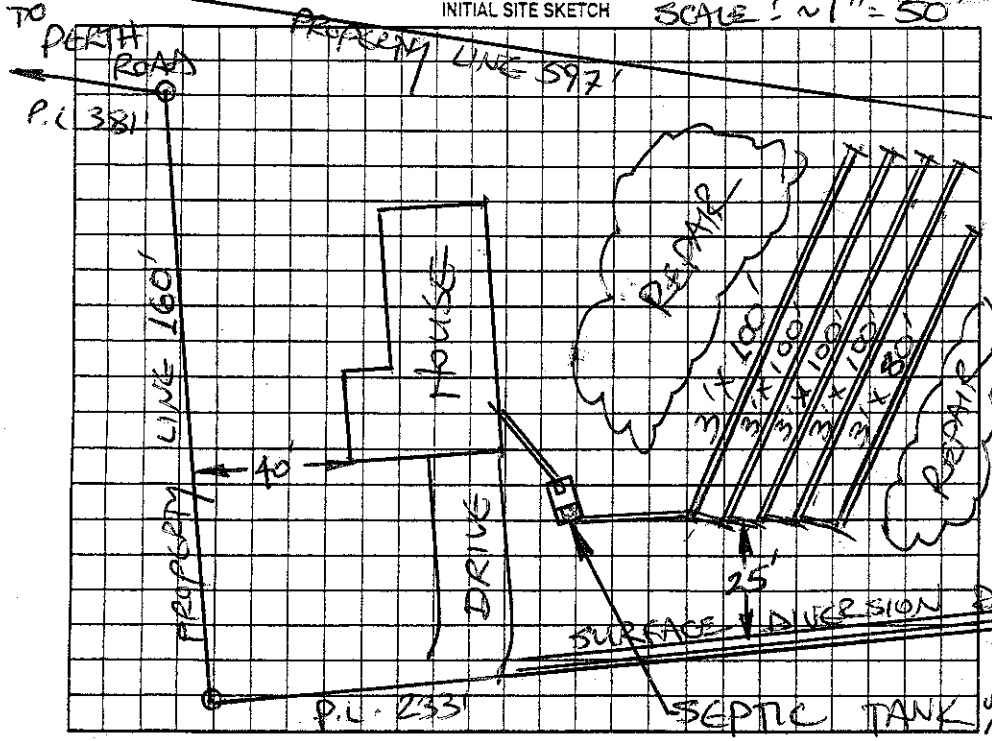
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: ① INSTALL 25% REDUCTION SYSTEM ON CONTOUR, NO DEEPER THAN 36 INCHES ② KEEP SYSTEM MINIMUM 100 FEET FROM WELL 15A NCAC 18A .1956 (6) (3)

Comments/Conditions: Septic Tank has Risers Yellow stuff tank

INITIAL SITE SKETCH SCALE: ~1" = 50'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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: _____ date 3-19-07 Installed by: Sammy Beavis

Improvement Permit by: STEVE HEDRICK date 3-16-07 Operation Permit by: STEVE HEDRICK date 3-22-07

Authorization to Construct by: STEVE HEDRICK date 3-16-07 Existing System Inspection by: _____ date _____

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