IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 118944 PIN# 4730-62-3682 DATE 4-19-04

OWNER OR CONTRACTOR WAYNE MARTIN PHONE: Business 704 634-7036 Home 704-528-9403

ADDRESS 160 DEERWOOD LOOP DR TROUTMAN, NC 28166

LOCATION PERTH RD (E) DEERWOOD LOOP BY SLIPPERS ALMOST AT END RT AT BOX # 160 2ND HOUSE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .65AC SITE CLASS. _____ DESIGN FLOW 480 L.T.A.R. _____

EXISTING

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet 330'

No Lines 3 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth 12"

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

System Description: CONV GRAV

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees ____

☒ Other ADDING GARAGE BDRM

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

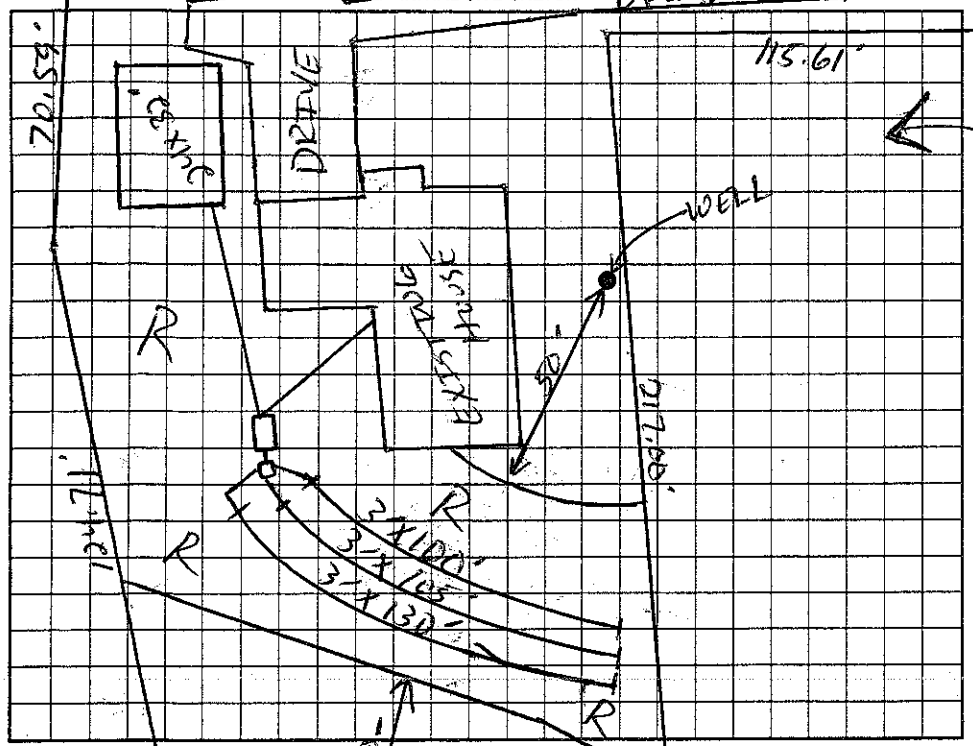
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: (1) SYSTEM FUNCTIONING PROPERLY AT TIME OF CHECK

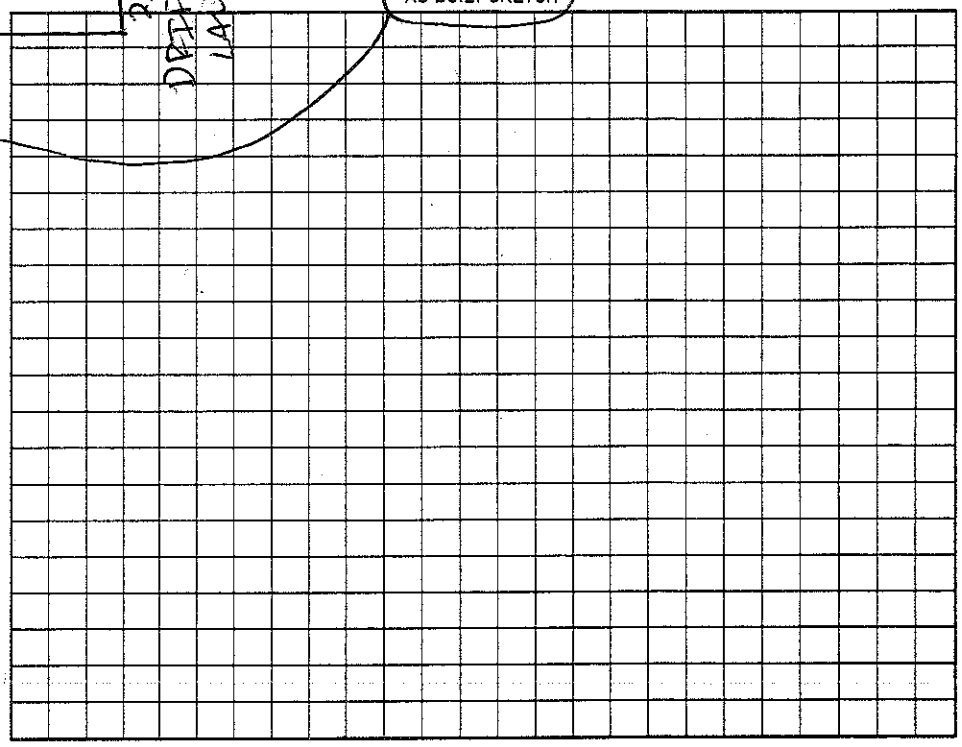
Comments/Conditions: (2) MAINTAIN SETBACKS (3) SYSTEM SIZED FOR 4 BEDROOM. ORIGINAL HOUSE WAS 3 BDRM + ADDING A FOURTH IN GARAGE NOW.

INITIAL SITE SKETCH

"NOT TO SCALE" 229.86'



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: _____ date 4/26/04 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 4-19-04

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