IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 104062 PIN# 4730-63-0996 DATE 02-22-02

OWNER OR CONTRACTOR DEAN WOOTEN PHONE: Business 704-838-0837 Home 704-528-9051

ADDRESS 143 PERTHWOOD DR TROUTMAN NC 28625

LOCATION 215, (R) PERTH, (L) PERTHWOOD, (L) BOX # 143

SUBDIVISION PERTHWOOD BLOCK / SECTION ____ LOT 15 LOT AREA 1.35 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.3

EXISTING

Septic Tank: 1000 Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1700' Linear Feet 400'

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: CONV 6 CAY

Repair System Description: PUMP 250 TO 360

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3/5

[ ] Mobile Home, No. Bathrooms ____

[ ] Business 24x36' No. Employees ____

[ ] Other ADDITION BASEMENT

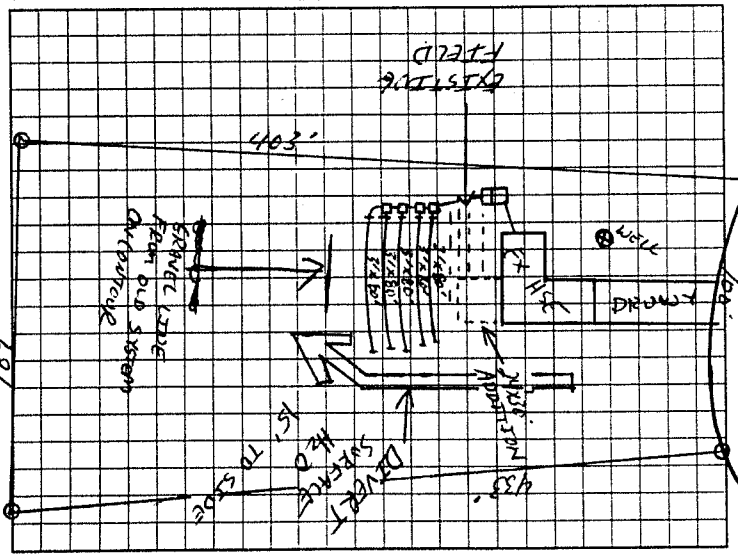
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [X] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

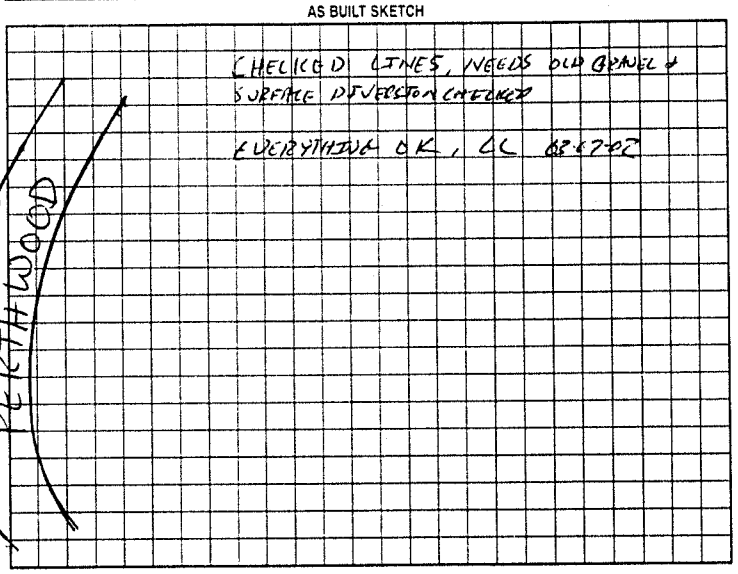
Comments/Conditions: (1) CUT OFF OLD LINES & PUT IN 5 NEW 80' LINES (2) INSTALL LINES ON CONTOURS (3) DIVERT SURFACE H2O AROUND SYSTEM (4) CALL PRIOR TO INSTALLATION & MEET WITH CORNELOUS

Comments/Conditions ENV. HEALTH SPEC. 704-928-2030 1 (5) MAINTAIN SETBACKS ESPECIALLY OFF BASEMENT FOUNDATION DRAIN (6) ELIMINATING BEDROOM & ADDING BEDROOM.

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: [signature] date ____

Improvement Permit by: [signature] RS date 2-22-02

Authorization to Construct by: [signature] RS date 2-22-02

Installed by: CRAIG THOMPSON

Operation Permit by: [signature] RS date 03/07/02

Existing System Inspection by: ____ date ____

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