IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117364 PIN# 4730-64-6301 DATE 3-8-04

OWNER OR CONTRACTOR JOSE DIAZ PHONE: Business CELL 704-634-8383 Home 704-528-6184

ADDRESS 109 PERTHWOOD DR TROUTMAN, N.C. 28166

LOCATION 21 SOUTH (R) PERTH (R) PERTHWOOD (L) AT BOX # 109

SUBDIVISION PERTHWOOD BLOCK / SECTION ____ LOT 10 LOT AREA 1.53 AC SITE CLASS. PS DESIGN FLOW 100 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB A30 7 Date 3-7-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. 200 MAX
Nitrification Field: No Fields 1 Square Feet 333 MIN Linear Feet 111 MIN
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONV GRAV
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 0
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees ____
☒ Other STORAGE / GARAGE

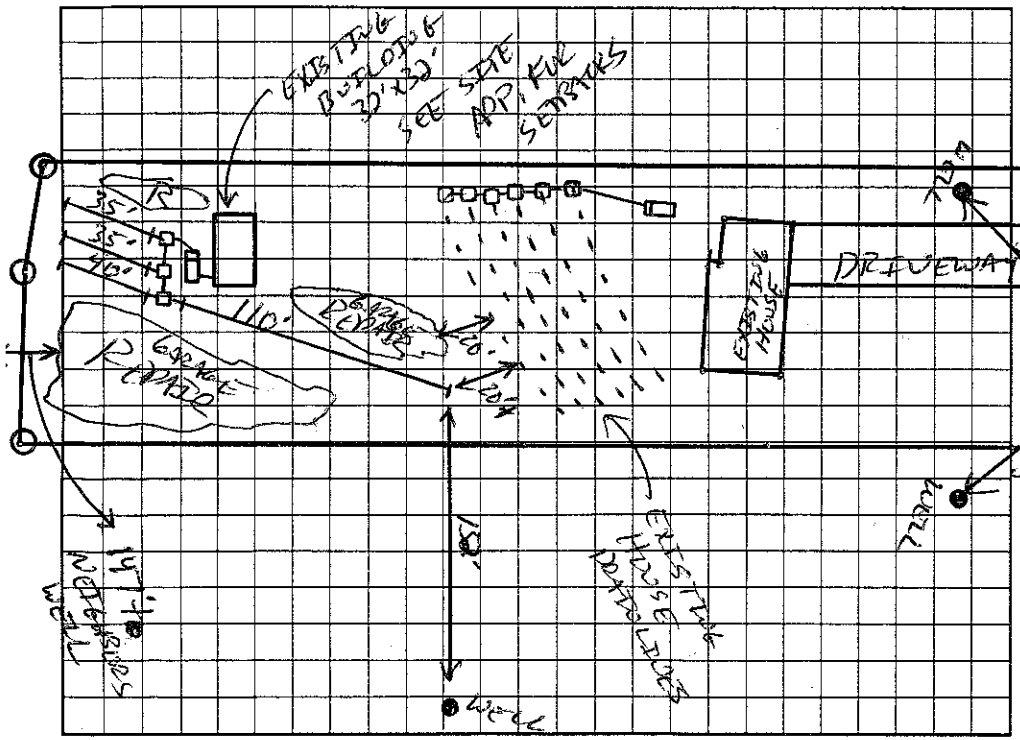
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

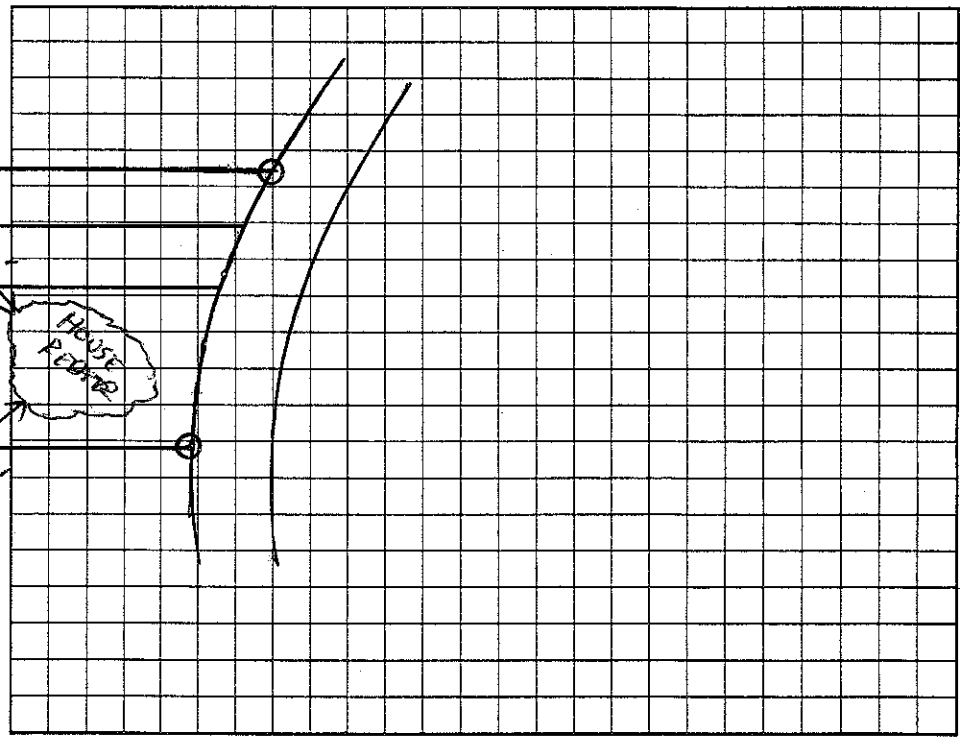
Comments:/Conditions: (1) INSTALL 200' OF LINE AS FLAGGED AND DRAWN ON LOWER (2) MAINTAIN SETBACKS (3) SYSTEM IS OVERSIZED DUE TO OWNERS REQUEST (4) HOME REPAIRS CHANGED TO

Comments:/Conditions: LP PANEL & OWNER WAS MADE AWARE OF IT. SIM TECH FILTER & MARKER INSTALLED AS DRAWN

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: Jose Concepcion Diaz date ____
Improvement Permit by: [signature] date 3-8-04
Authorization to Construct by: [signature] date 3-8-04

Installed by: WAYNE CLONTZ
Operation Permit by: [signature] date 5-6-04
Existing System Inspection by: ____ date ____

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