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IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 300.00 MOORESVILLE 704-664-5281

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

PERMIT# -2- TROUTMAN PIN# 3H-C-3 4130-97-6427 DATE 11/9/99

OWNER OR CONTRACTOR LARRY DAVIS PHONE: Business _____ Home _____

ADDRESS 450 OAKTREE RD MOORESVILLE NC 28117

LOCATION PERTH RD (SR) - TL SPICEWOOD CIRCLE - ON RT

SUBDIVISION SPICEWOOD BLOCK / SECTION _____ LOT 20 LOT AREA .82 AC SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. .30 GPD/SF

Septic Tank: 1000 Gallons; STB 312 Date 2-4-04
Pump Tank: 1000 Gallons; PT 283 Date 3-17-04
Pump Make: ZOELLER Model 9EH-CIA-RT Serial No. 509350
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 3@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP 25% REDUCTION
Repair System Description: PUMP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other _____

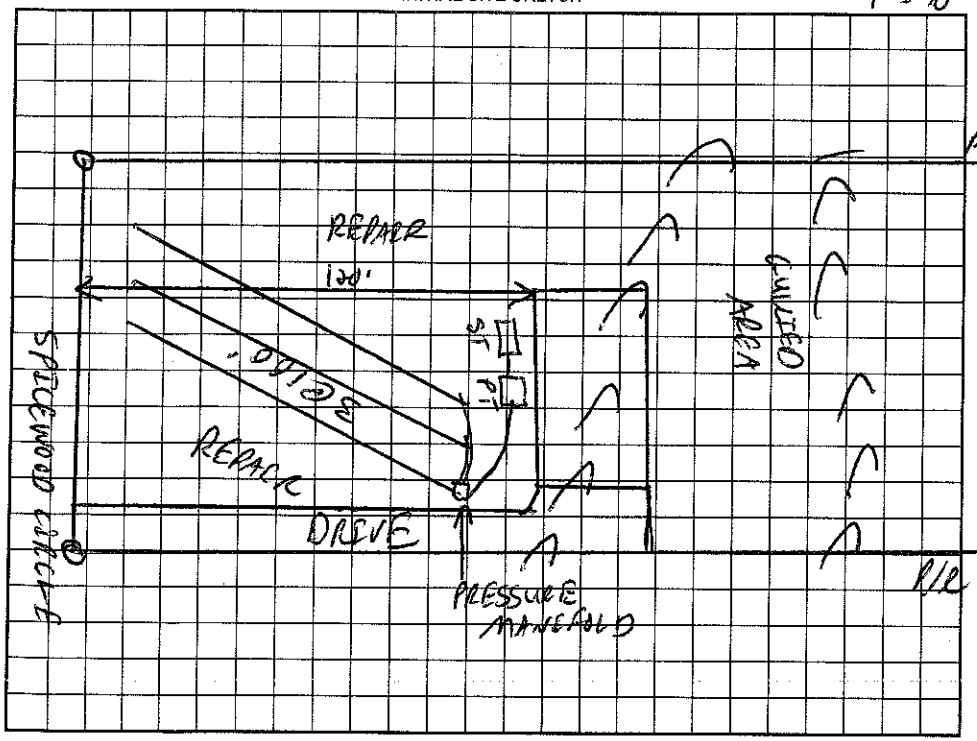
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community TROUTMAN

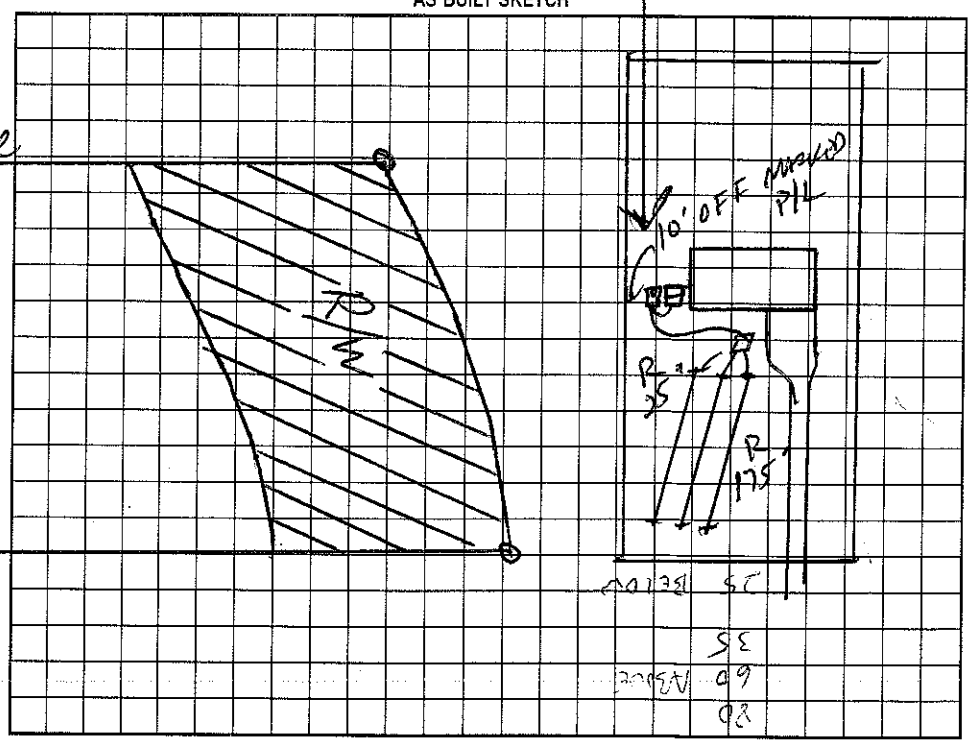
Comments/Conditions: Okay to move House back 10ft.

Comments/Conditions: 3" sch 80 PVC MANIFOLD
V'D LINES & ELECTRICAL & PRESSURE
BUILDER OK'D TANK CHANGES. SW

INITIAL SITE SKETCH 1"=50'



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: Larry H Davis date 8/14/01

Improvement Permit by: C. Bl[illegible] RS date 11/9/99

Authorization to Construct by: [signature] date 10/28/03

Installed by: ABERNATHY SEPTIC

Operation Permit by: [signature] date 4-29-04

Existing System Inspection by: _____ date _____

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