IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 130.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 105914 PIN# 4730 81 1000 DATE 5/6/02

OWNER OR CONTRACTOR WAYNE ROGERS PHONE: Business _____ Home NONE

ADDRESS ALFARA LN TROUTMAN, NC. 28166

LOCATION Poplar Rd. N. TL Shady Cove TL Alfara to last vacant lot on (L)

SUBDIVISION Shady Cove BLOCK / SECTION _____ LOT 27 LOT AREA .5 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 8/18/02

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75' Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth No

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

System Description: GRAVITY - Type 3 X

Repair System Description: SAME

Maintenance Agreement Required: [ ] Yes [X] No

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

[ ] Mobile Home No. Bathrooms 2.5

[ ] Business No. Employees _____

[ ] Other _____

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

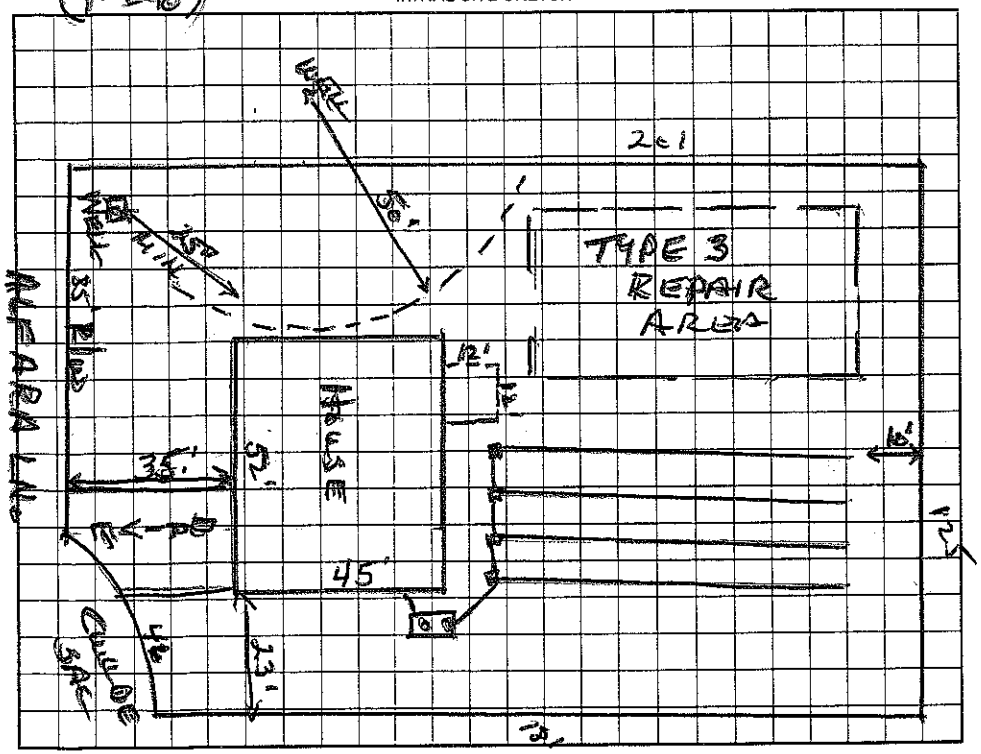
Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions: * EZ LAY OR CHAMBERED PLASTIC

Comments:/Conditions:

(1" = 40')

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: X _____ date 5/7/02 Installed by: Todd Wright

Improvement Permit by: Wesley Sparks RS. date 5/6/02 Operation Permit by: Wesley Sparks RS. date 10/16/02

Authorization to Construct by: Wesley Sparks RS date 5/6/02 Existing System Inspection by: _____ date _____

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