IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092122 PIN# 4730825846 DATE 10/2/2000

OWNER OR CONTRACTOR James Cloutz PHONE: Business _____ Home 528-1201

ADDRESS 173 Hampton's Cove Troutman, NC 28166

LOCATION Perth Rd TR Cloutz Hill, TR Hampton's Cove at end

SUBDIVISION Cloutz BLOCK / SECTION _____ LOT 4 LOT AREA _____ SITE CLASS. 1 DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing Gravity Convent.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

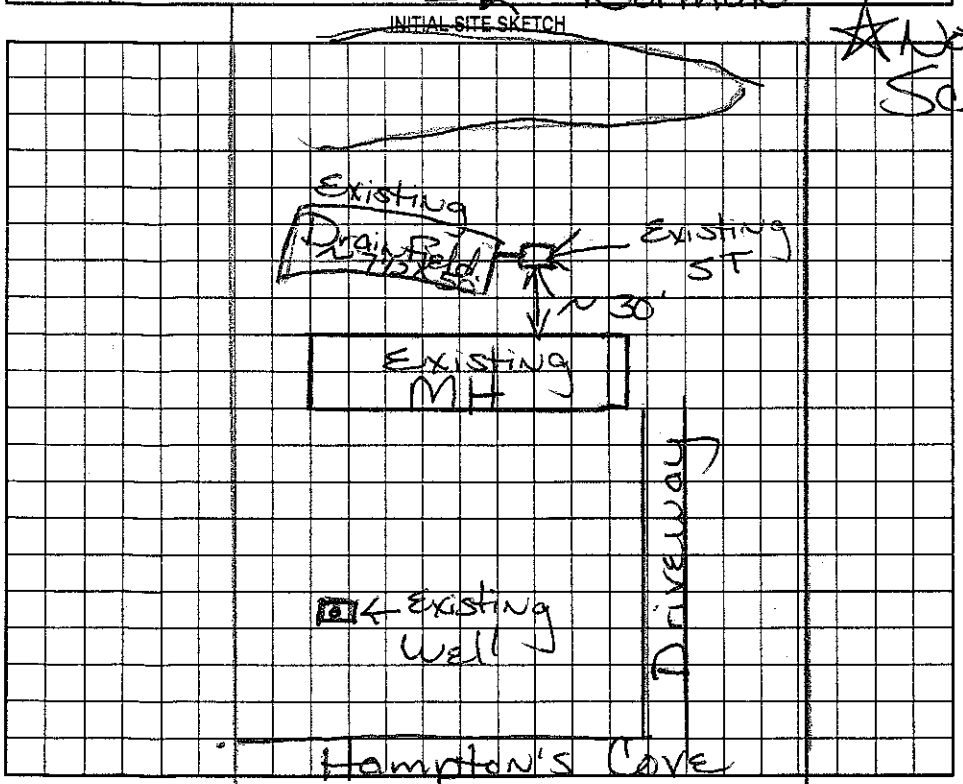
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning Okay at time of inspection.

LK Norman

Comments:/Conditions: Keep New MH at least 5' from Septic System. Replacing 3 Bedroom Singlewide with 3 Bedroom Doublewide

INITIAL SITE SKETCH



Not to Scale

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: James A. Cloutz date _____ Installed by: _____

Improvement Permit by: Maria H. Dotson R.S. date 10/2/2000 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria H. Dotson R.S. date 10/2/2000

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

IREDELL COUNTY HEALTH DEPARTMENT

~~STATE~~SVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 26237 DATE 3/18/97 TAX MAP NO. 4730825844 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR James Clontz PHONE: Business _____ Home 528-3809

ADDRESS 164 Hampton Cove Rd. Troutman, NC. 28166

LOCATION Clontz Hill TR Hampton Cove Rd. 4th first spot on (L)

SUBDIVISION Wade H Clontz BLOCK / SECTION _____ LOT 4 LOT AREA Existing SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet Existing System Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Existing System

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other 1N

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

Water Supply:
X Individual
☐ Community
☐ Public

Comments:

Comments: 160 CONTOUR

INITIAL SITE SKETCH

AS BUILT SKETCH

~712X50'

EXISTING SYSTEM

75'

1N

I understand that this 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 is valid for 60 months from date of issuance.

Signed: _____

Improvement Permit by: _____ date _____

Existing System Inspection by: _____ date _____

Installed by: Existing System

Certificate of Completion by: Wesley Sparks RS. date 3/18/97

Operation Permit by: Wesley Sparks RS. date 3/18/97

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