IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 02 2 0600916/68 PIN# 4730 79 8521 DATE July 14 2000

OWNER OR CONTRACTOR Andrea Jones PHONE: Business _____ Home 871 9272

ADDRESS Po Box 853 Troutman NC 28166

LOCATION 532 Autumn Leaf Troutman Turn Left off ~~Ea~~ Peath Rd on To Autumn Leaf Property on Left past 1st house

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.5 Ac SITE CLASS PS DESIGN FLOW 480 L.T.A.R. -3

Septic Tank: 1000 Gallons; STB 1612 Date 6/7/00 ☐ New System ☐ Repair System Type: I, II, (III) IV, V, VI ☒ House/Mod. Home No. Bedrooms 4

Pump Tank: _____ Gallons; PT _____ Date _____ System Description: GRAVITY 25% Reduction ☐ Mobile Home No. Bathrooms 2

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: Pump ☐ Business No. Employees _____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400 Maintenance Agreement Required: ☐ Yes ☒ No ☐ Other _____

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

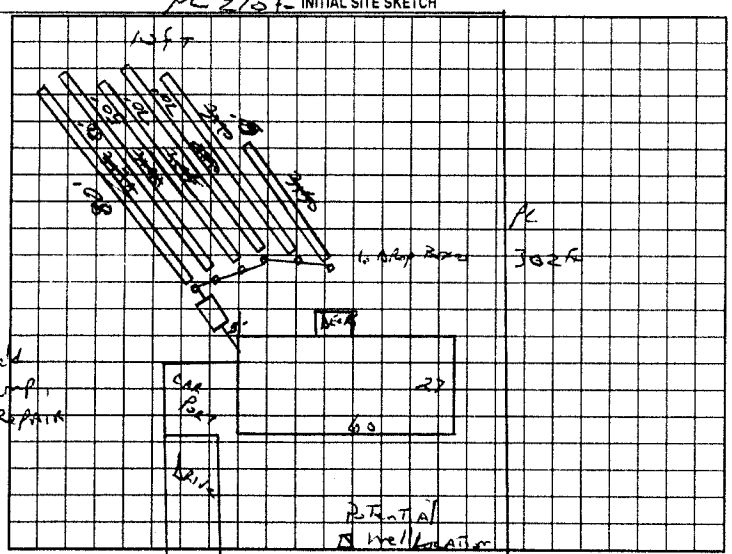
Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments/Conditions: INSTALL 6/7 chambers on 40 HDS Sections

- Recommend moving home up 10 15 FT to insure Septic Line Lengths. ~~May use 3 Bdrm Rdcn~~ Not To Scale

Comments/Conditions: CALL To ReFlag if Needed

PL 270 F 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: _____ date 7/24/00 Installed by: Grizzly Septic

Improvement Permit by: J. Potter date July 14 2000 Operation Permit by: _____ RS date 9/7/00

Authorization to Construct by: J. Potter date July 14 2000 Existing System Inspection by: _____ date _____

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