(CI)

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# TROUTMAN 13795 PIN# 4731-22-5803.10 4731-22-4371 DATE 08/30/06

OWNER OR APPLICANT MEDALLION PROPERTIES, INC. PHONE: Business 704-634-1185 Home 704-361-1084

ADDRESS 185 WHIPPERWILL RD, MOORESVILLE, NC 28117

LOCATION HWY 21 SOUTH (R) TALLEY ST., (L) TALLEY HILLS DR., LOT @ END ON CUL-DE-SAC.

SUBDIVISION TALLEY RIDGE BLOCK / SECTION ____ LOT 10 LOT AREA 0.50 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/

Septic Tank: 1,000 Gallons: STB 825 Date 8-22-06

Pump Tank: 1,000 Gallons: PT 307 Date 10-02-06

Pump Make: Zoeller Model N152B Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 200'

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbi

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: 50% REDUCTION, LOW PRESSURE

Repair System Description: 50% REDUC, L. PRESSURE

Maintenance Agreement Required: ☒ Yes ☐ No

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

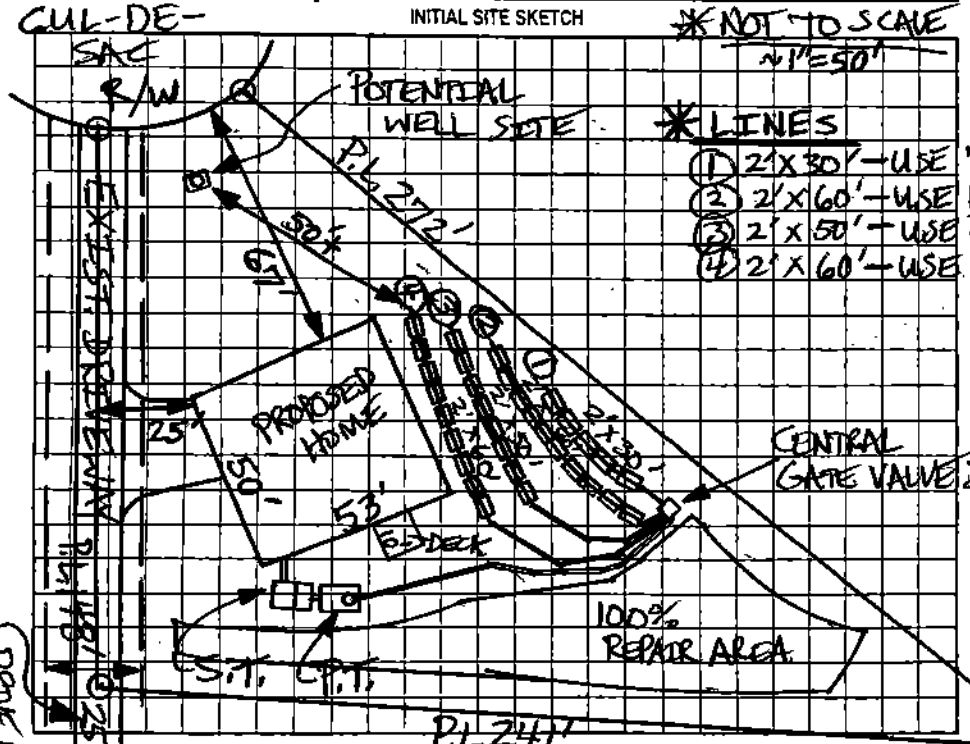
No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Suppl ☐ Individual ☐ Public ☐ Commun

Comments:/Conditions. (1) SUPPLY LINE MUST BE INSTALLED AS SHOWN TO AVOID DAMAGE TO REPAIR AREA, (2) SEE ATTACHED PUMP AND LOW PRESSURE PANEL DIAGRAMS.

Comments:/Conditions:

INITIAL SITE SKETCH



*NOT TO SCALE

1"=50'

*LINES

(1) 2'X30'—USE 7 PANELS

(2) 2'X60'—USE 14 PANELS

(3) 2'X50'—USE 11 PANELS

(4) 2'X60'—USE 14 PANELS

AS BUILT SKETCH

12-6-06

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. Improvem

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 mor

Signed: [signature] date 8/30/06 Installed by: Rowan Septic 12-7-06

Improvement Permit by: [signature] date 08/29/06 Operation Permit by: [signature] date 12-7-0

Authorization to Construct by: [signature] date 08/30/06 Existing System Inspection by: ____ date ____

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