IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# TROUTMAN PIN# 4731-24-3459 DATE 06/25/03

OWNER OR CONTRACTOR FRANK BROTHERTON PHONE: Business ____ Home 704-528-5165

ADDRESS 132 FORK CREEK LN. TROUTMAN, NC 28166

LOCATION HWY 21 SOUTH, (R) TALLEY RD., ~1.5 MILES CROSS BRIDGE, (R) FORK CREEK LN., ~0.1+ MILES ON RIGHT.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 14.11 ACRES SITE CLASS. EXISTING DESIGN FLOW 240 GPD L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ~400 Linear Feet 100

No Lines 1-BED Trench Width 4' Max Trench Bottom Depth ? Gravel Depth ?

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

System Description: EXISTING 4'x100' BED

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ____

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☒ Other 22'x10' CAMPER

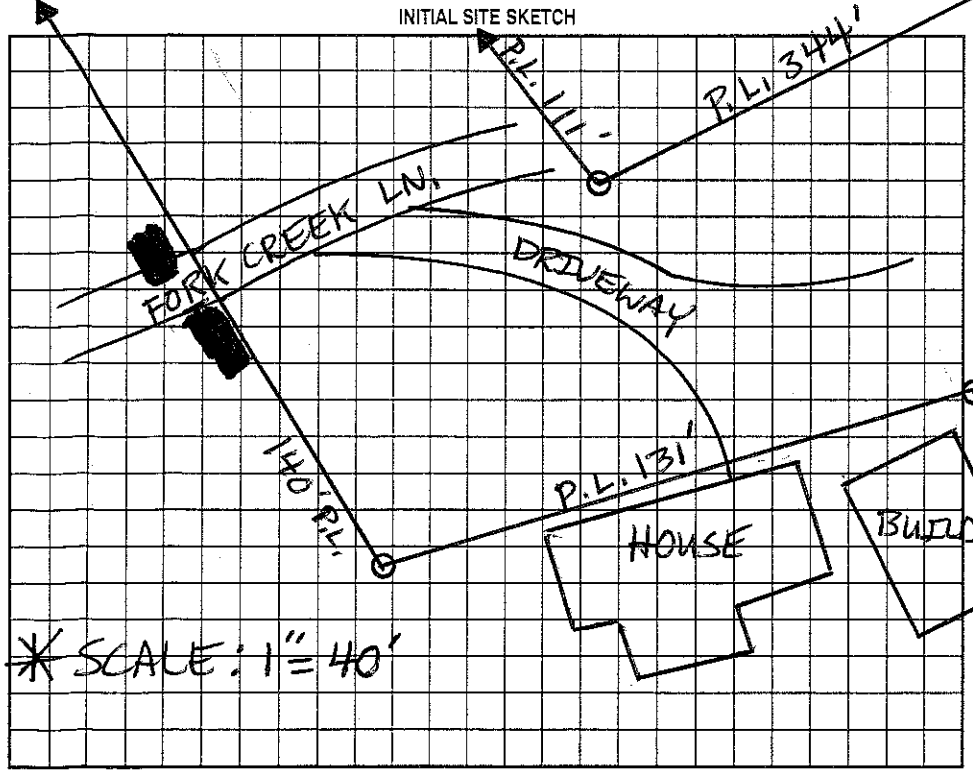
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community EXISTING WELL

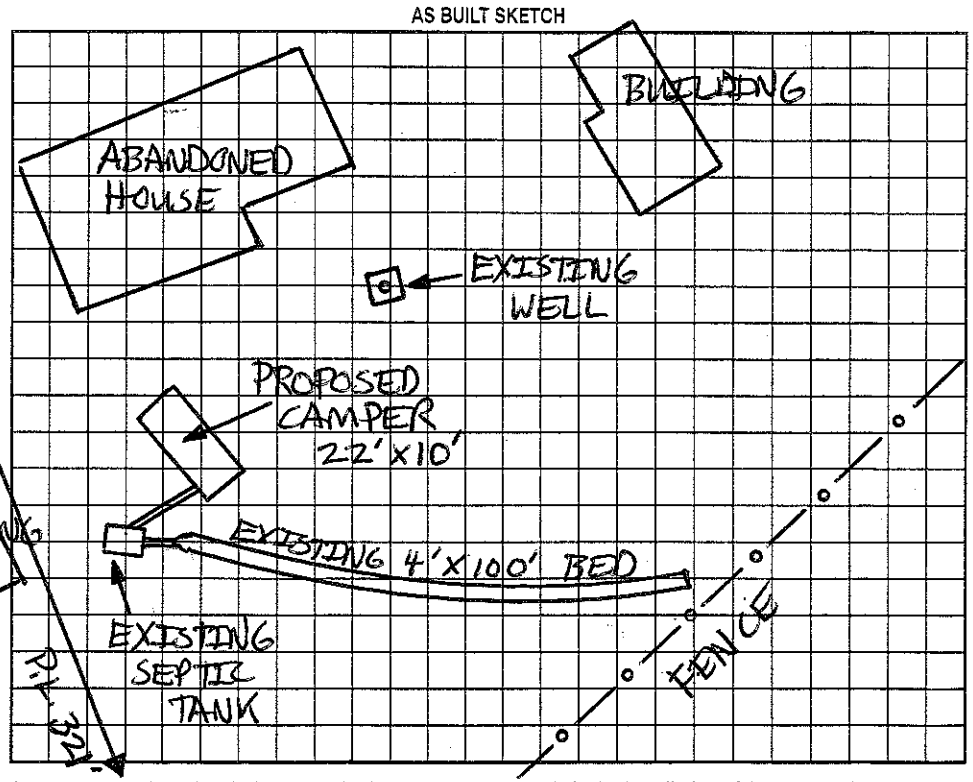
Comments:/Conditions:

Comments:/Conditions: (1) ABANDONED HOUSE IS TO BE DISCONNECTED FROM SEPTIC & ABANDONED, (2) ONLY CAMPER IS APROVED TO BE CONNECTED TO SEPTIC SYSTEM.

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: [signature] date 6-26-03 Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Patrick Mitchell date 06/25/03

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