IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 040-2-07-08 PIN# 4731923785 3293 DATE 8/28/08

OWNER OR APPLICANT DAVID & SONYA MONEY PHONE: Business _____ Home 704-528-0855

ADDRESS 607 LAKE Circle Troutman NC 28166

LOCATION PERTH Rd South ① ERR ② LAKE Circle on LEFT BOX 607

SUBDIVISION Hotchkiss BLOCK / SECTION 2 LOT 27 LOT AREA 1.0 SITE CLASS. PE DESIGN FLOW 360 L.T.A.R. EXISTING .4

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. 30"

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet EXISTING

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 6 Gravel Depth 12" ☒ Gravity ☐ Pressure

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

System Description: COUNTY Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Persons 6 No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions: ① This is an existing system chgk for a garage with NO bedrooms added. System DOG UP & Proven location AS drawn & system area. ② MAINTAIN SETBACKS.

INITIAL SITE SKETCH

SEE ATTACHED DRAWING

Comments:/Conditions:

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: Sonya Y Money date 9-24-08 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 8/28/08

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

Permit 040-Z-07-08

PIN 4731923185

LOT # 27 Holtshouser

"NOT TO SCALE"

