IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C) MOORESVILLE 704-664-5281

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

PERMIT# 107811 PIN# LOT 13 4732-04-6020 / LOT 12 4732-09-6124 DATE 8-9-02

OWNER OR CONTRACTOR LUV HOMES PHONE: Business 704-528-0848 Home

ADDRESS 1036 CHARLOTTE HWY, TROUTMAN, NC 28166

LOCATION US 21 S TR OLD MOUNTAIN ROAD TL SOUTHWOOD ROAD, 4TH & 5TH LOTS ON RIGHT

SUBDIVISION SOUTHWOOD BLOCK / SECTION LOT 12/13 LOT AREA LIMITED SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT

Septic Tank: 1000 Gallons; STB 794 Date 7-1-02

Pump Tank: 1000 Gallons; PT 17 Date 9-9-02

Pump Make: ZOELLER Model N98 Serial No.

Nitrification Field: No Fields 1 Square Feet 60 to 1200 Linear Feet 200

No Lines TWO Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth SAND 6"

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

System Description: 50% REDUCTION, LOW-PRESS.

Repair System Description: 50% REDUCTION LOW PRESS

Maintenance Agreement Required: ☑ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees

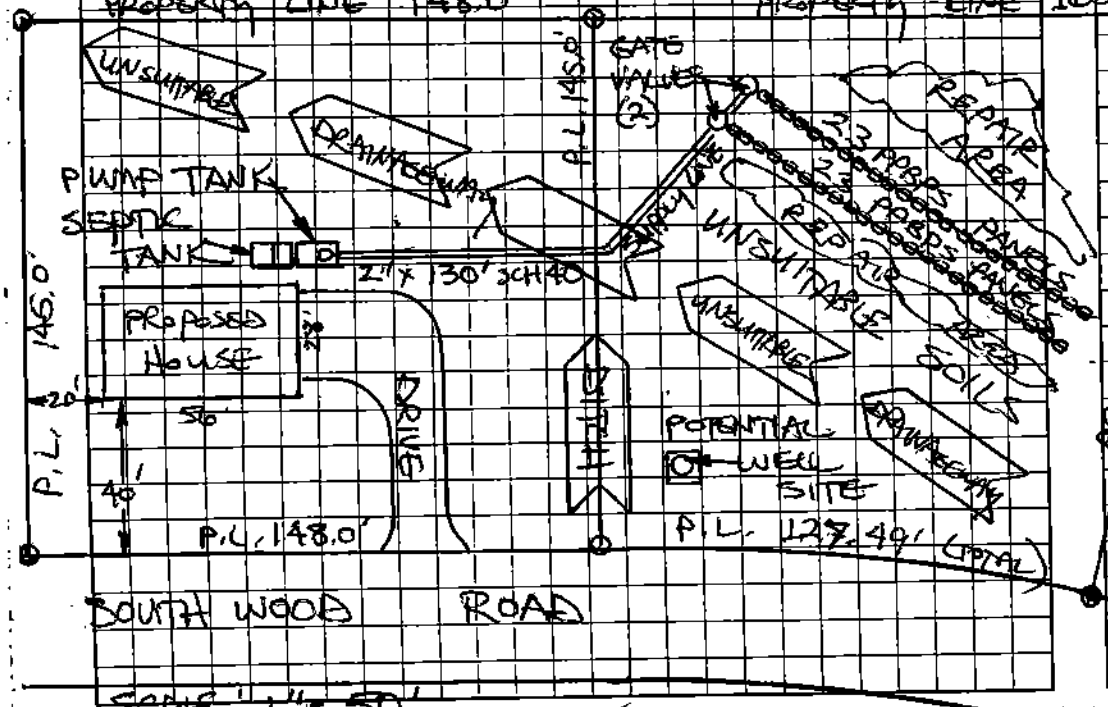
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

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

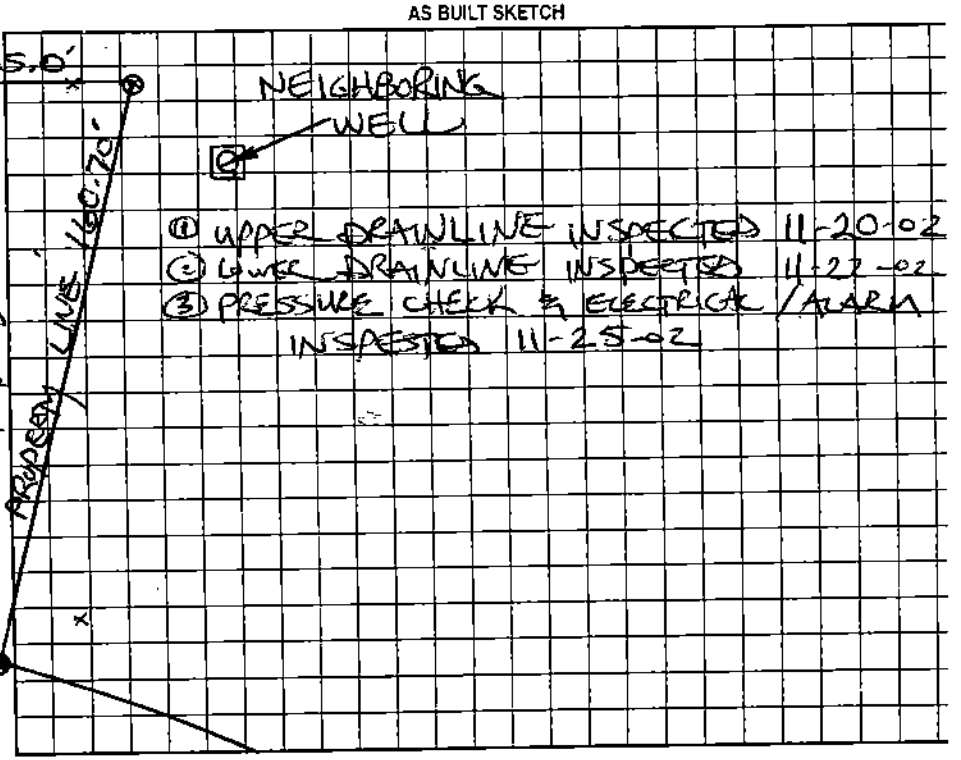
Comments/Conditions: ① REMOVE EXISTING FIELD TERRACE IN VICINITY OF DRAINFIELD ② INSTALL 50% REDUCTION SYSTEM USING LOW PRESSURE DISTRIBUTION FEEDING 4/6 PPBS PANELS ③ SEE ATTACHED SHEETS FOR PUMP & LOW PRESSURE REQUIREMENTS

Comments/Conditions: ④ A CONTRACT SHALL BE EXECUTED BETWEEN SYS OWNER & A MANAGEMENT ENTITY PRIOR TO ISSUAN OF OPERATION PERMIT

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. 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 months

Signed: _____ date 6/15/02 Installed by: BOB'S BACKHOE 1-10-03

Improvement Permit by: STEVE HEDRICK date 8-9-02 Operation Permit by: STEVE HEDRICK date 1-10-0

Authorization to Construct by: STEVE HEDRICK date 8-9-02 Existing System Inspection by: _____ date _____

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