IREDELL COUNTY HEALTH DEPARTMENT

$125 — 101040 CF

STATESVILLE 704-878-5305 — MOORESVI...

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPE...

PERMIT# 087050 (Troutman) PIN# 4732875077 (Bob Hill) — Harvey — DATE 6/28/2...

OWNER OR CONTRACTOR Bob Hill (Trivestor) — PHONE. Business 609-7745 — Home Phillips (704) 872-6923

ADDRESS P.O. Box 115 Mooresville NC 28115

LOCATION Hwy 115/21 TL Moose Club Rd TL Washboard on right — 116 Washboard Ln.

SUBDIVISION _____ BLOCK / SECTION _____ LOT 19-22 LOT AREA 1.6 SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 10-23-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 600' Linear Feet 200'
No Lines 4 @ 50' Trench Width 24" Max Trench Bottom Depth 30"

X New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity - Panel Block
Repair System Description: LPD - Panel Block
Maintenance Agreement Required: ☐ Yes X No (Not Initially)
Gravel Depth N/A ☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

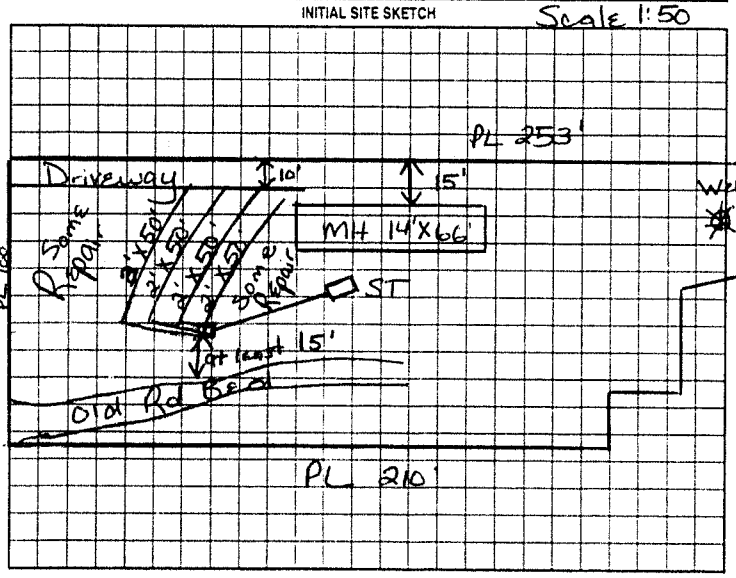
☐ House/Mod. Home No. Bedrooms 3
X Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other

Water Supply: X Individual ☐ Public ☐ Community

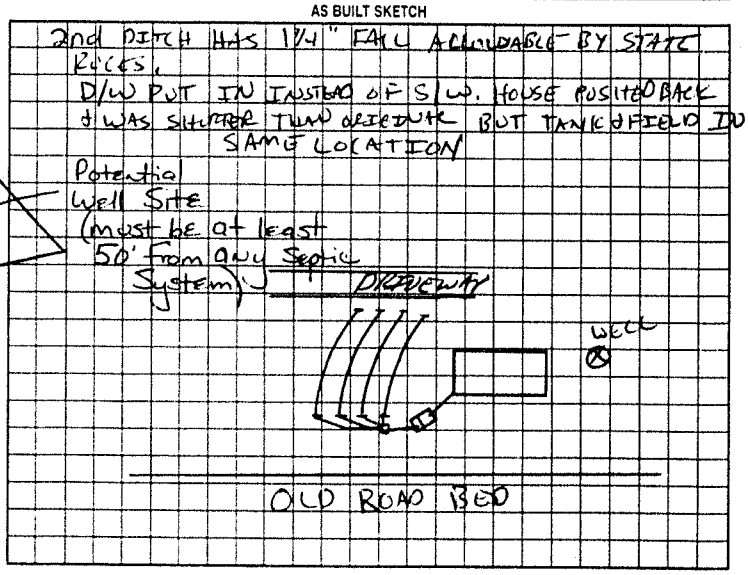
Comments/Conditions: Keep Septic System at least 10' from PL, 5' from house & 50' to 100' from any well. Must stay at least 15' from old road bed.

Comments/Conditions: Note: Per T&J manuel 50 linear feet = 11 panels (44 Panels total)
ZABEL FILTER MANIFOLD, INSTALLED AS SHOWN

INITIAL SITE SKETCH — Scale 1:50



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: X RM Hill date _____ Installed by: CRAIG THOMPSON

Improvement Permit by: Maria H. Dotson RS date 6/28/2001 Operation Permit by: _____ date 01-17-02

Authorization to Construct by: Maria H. Dotson RS date 6/28/2001 Existing System Inspection by: _____ date _____

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