IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 105592 PIN# 4733-10-3728 DATE 04-12-02

OWNER OR CONTRACTOR MARK D POPE PHONE: Business _____ Home 704-528-5113

ADDRESS PO BOX 1363 TROUTMAN NC 28166

LOCATION 21 SOUTH, (R) HILL HAVEN, (L) Wallace Springs, (R) WOODFIELDS, (R) SOUTHVIEW, 3RD LOT ON LEFT

SUBDIVISION SOUTHVIEW EST BLOCK / SECTION _____ LOT 23 LOT AREA 0.7987 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 05/18/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQUIV. Linear Feet 300'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

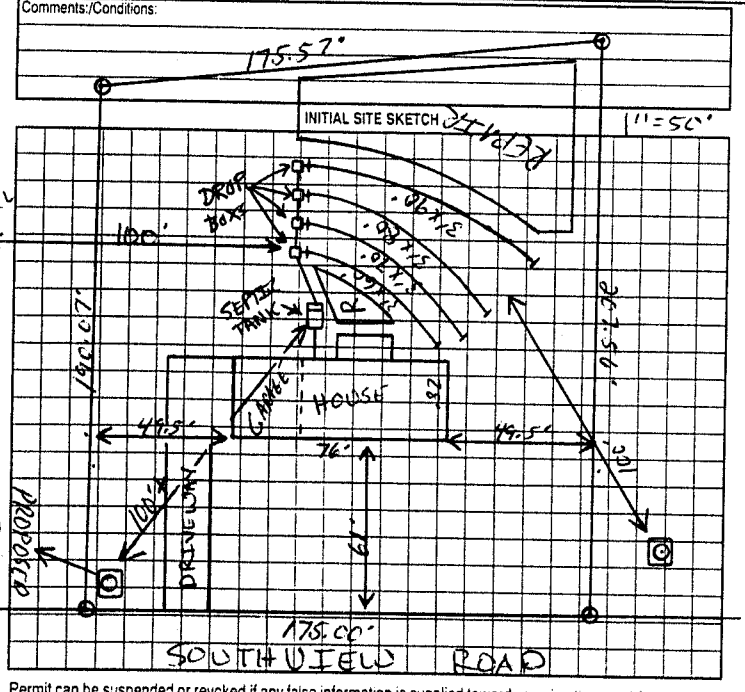
X New System ☐ Repair System Type: I II III IV V VI
System Description: GRAV 25%0 REDUCT
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes X No

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

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

Water Supply:
X Individual
☐ Public
☐ Community
SHARED WITH NEIGHBOR

Comments/Conditions:



Comments/Conditions: (1) KEEP SYSTEM 100' FROM ANY WELL (SAPROLITE RULE) (2) SHARED WELL WITH DAUGHTER, BUT THIS LOT HAS A PROPOSED WELL SITE (3) INSTALL LINES ON CONTOUR (4) MAINTAIN SETBACKS (5) SYSTEM & HOUSE FLAGGED OUT

AS BUILT SKETCH

- SEPTIC TANK INSTALLED USING ZERO FILTER & SEPTIC MARKER
- SYSTEM INSTALLED AS SHOWN IN INITIAL SITE 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: Denney Lawrence date _____ Installed by WES LYTTON

Improvement Permit by: Jim Cook RS date 04-12-02 Operation Permit by Patrick Mitchell date 08/22/02

Authorization to Construct by: Jim Cook RS date 04-12-02 Existing System Inspection by: _____ date _____

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