IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# CITY/87302 PIN# 4733-43-9579 DATE 11-29-99

OWNER OR CONTRACTOR BRITT M. SMITH PHONE: Business 528-4556 Home

ADDRESS P.O. BOX 218, TROUTMAN NC 28166

LOCATION WALLACE SPRINGS ROAD, CLOSE THIRD CREEK, LOT ON RIGHT PAST THIRD HOUSE ON RIGHT

SUBDIVISION EISENHOWER PROP. BLOCK / SECTION LOT 1 LOT AREA 5.533 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 312 Delivered Date 4-19-00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY/PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees

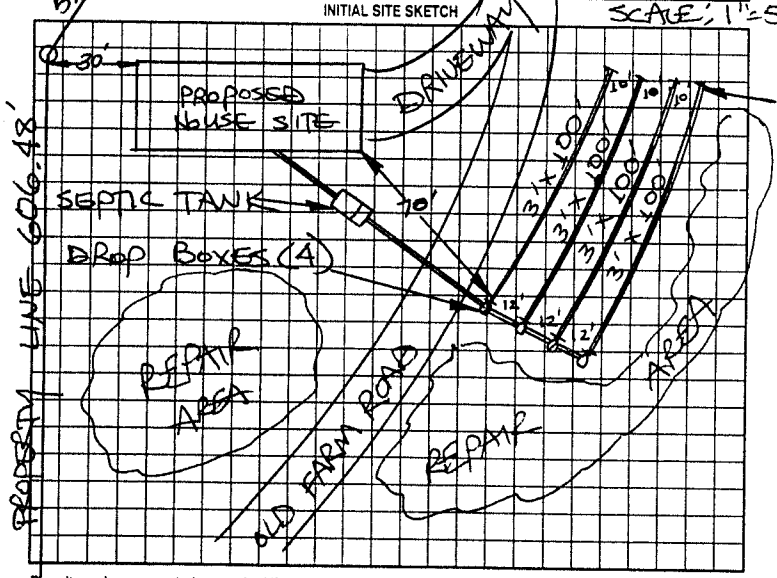
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

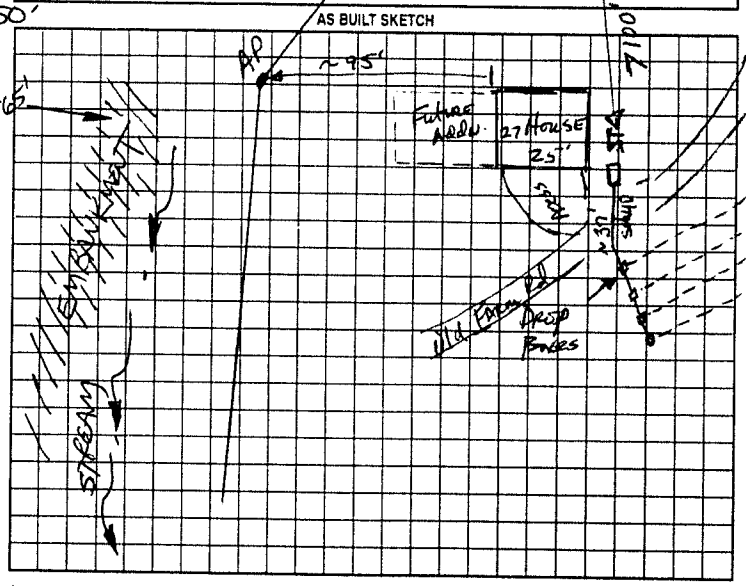
Comments/Conditions: ① INSTALL LINES ON CONTOUR AS FLAGGED ② KEEP SYSTEM MINIMUM 100' FROM WELL

Comments/Conditions:

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: Britt Smith date 12-3-99 Installed by: Option

Improvement Permit by: STEVE HEDRICK date 11-29-99 Operation Permit by: Marvell Hinson, RS date 6-1-00

Authorization to Construct by: STEVE HEDRICK date 11-29-99 Existing System Inspection by: date

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