IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# CITY 89896 PIN# 4733 43 9579 DATE 5-17-2000

OWNER OR CONTRACTOR ERIC A. SMITH PHONE: Business 528-4556 Home 528-4238

ADDRESS P.O. BOX 218, TROUTMAN

LOCATION WALLACE SPRINGS ROAD, CROSS THIRD CREEK, TOP OF HILL TR PRIVATE DRIVEWAY

SUBDIVISION ISENHOWER FAMILY BLOCK / SECTION ____ LOT #2 LOT AREA 5.553 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 312 Date 9-30-00

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

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 3½ No. Employees ____

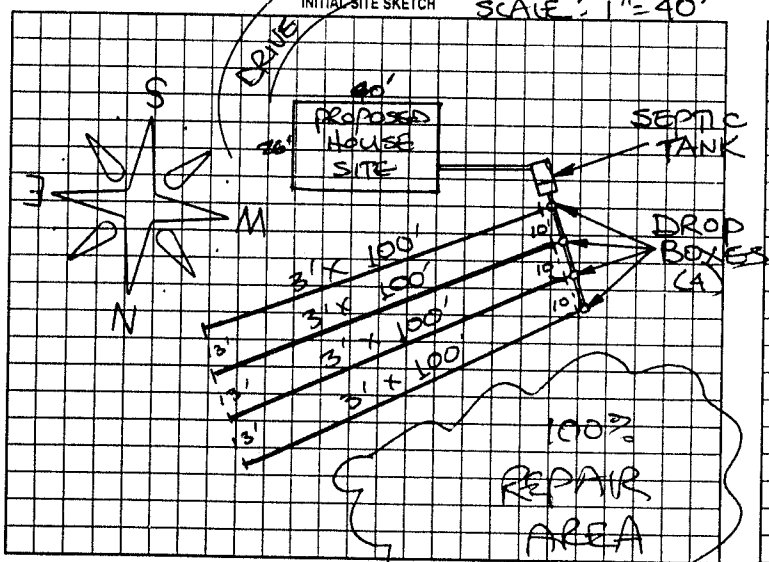
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments:/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

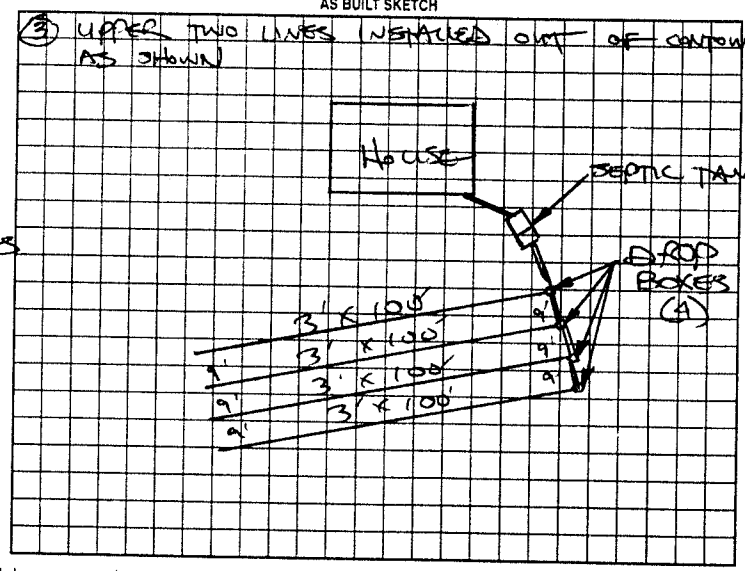
Comments:/Conditions ① SEPTIC TANK WITH RISERS INSTALLED USING "ZABEL" FILTER ② SYSTEM ALTERED AS SHOWN BELOW WITHOUT PRIOR HEALTH DEPARTMENT APPROVAL

INITIAL SITE SKETCH SCALE: 1"=40'



AS BUILT SKETCH

③ UPPER TWO LINES INSTALLED OUT OF CONTOUR AS SHOWN



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: [signature] date 5-17-00 Installed by: WAYNE ORBISON

Improvement Permit by: STEVE HEDRICK date 5-17-00 Operation Permit by: STEVE HEDRICK date 12-8-00

Authorization to Construct by: STEVE HEDRICK date 5-17-00 Existing System Inspection by: ____ date ____

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