# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 091935 PIN# 4735 39 4157 (PT) DATE 9-16-00

OWNER OR CONTRACTOR BROOMS BUILDERS PHONE: Business 528-6837 Home

ADDRESS P.O. BOX 248, TROUTMAN NC 28166

LOCATION NC 115 N, TR UPPER OAK DR, TR CANOPY OAK LN, 5TH LOT ON RIGHT

SUBDIVISION MEADOW OAKS BLOCK / SECTION II LOT 108 LOT AREA 0.666 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.304 GPD/FT²

Septic Tank: 1000 Gallons; STB 312 Date 4-10-99
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: 25% REDUCTION PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2½ No. Employees ____

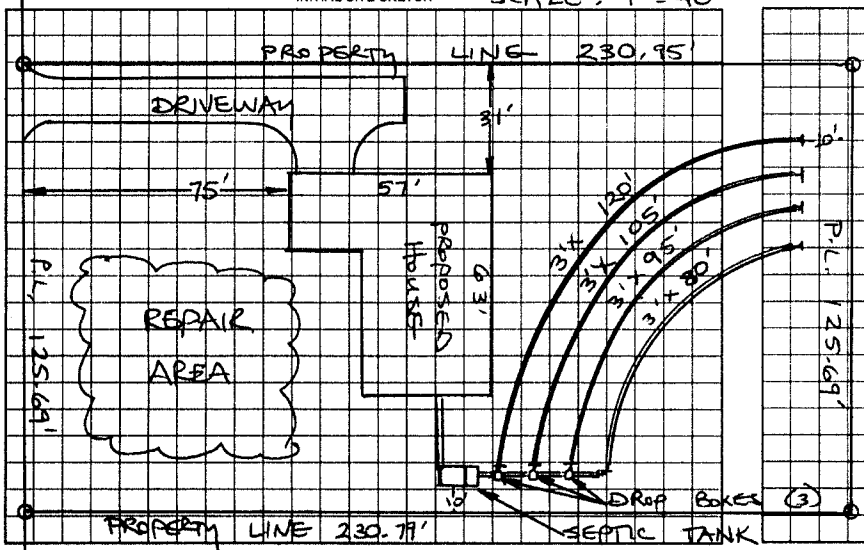
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

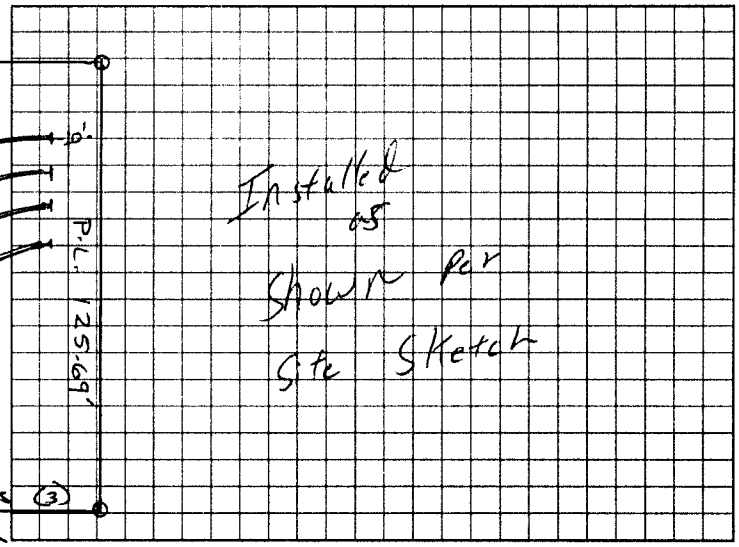
Comments/Conditions:

Comments/Conditions - Pump & Filter Installed
- Septic Tank Marker Installed

INITIAL SITE SKETCH SCALE: 1" = 40'




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: Ronald E. Broome date 9/19/00 Installed by: Tommy Frye

Improvement Permit by: STEVE HEDRICK date 9-16-00 Operation Permit by: William O. Johnson RSI date 4/17/01

Authorization to Construct by: STEVE HEDRICK date 9-16-00 Existing System Inspection by: ____ date ____

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