IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (E) MOORESVILLE 704-664-5281

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

PERMIT# 104353 PIN# 4739-29-4379 DATE 2-05-02

OWNER OR CONTRACTOR LUV HOMES PHONE: Business Home 704-528-0848

ADDRESS 1036 CHARLOTTE HWY, TROUTMAN, NC 28166

LOCATION US21 N, TL JENNINGS RD, TL SNOW CREEK RD, TR N. CHIPLEY FORD RD, 1.3 MILES ON RIGHT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 2.727 Acres SITE CLASS P+ DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 12-31-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
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
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Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

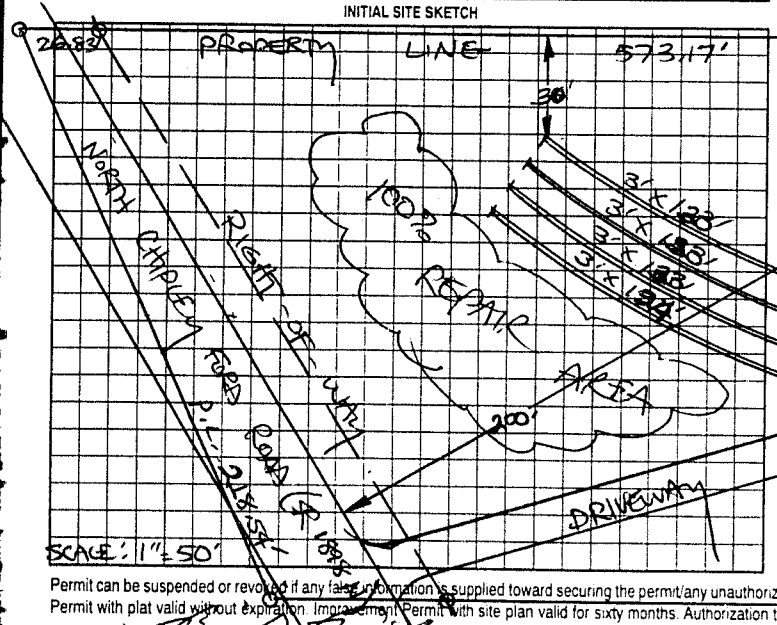
☐ House/Mod. Home No. Bedrooms 4
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

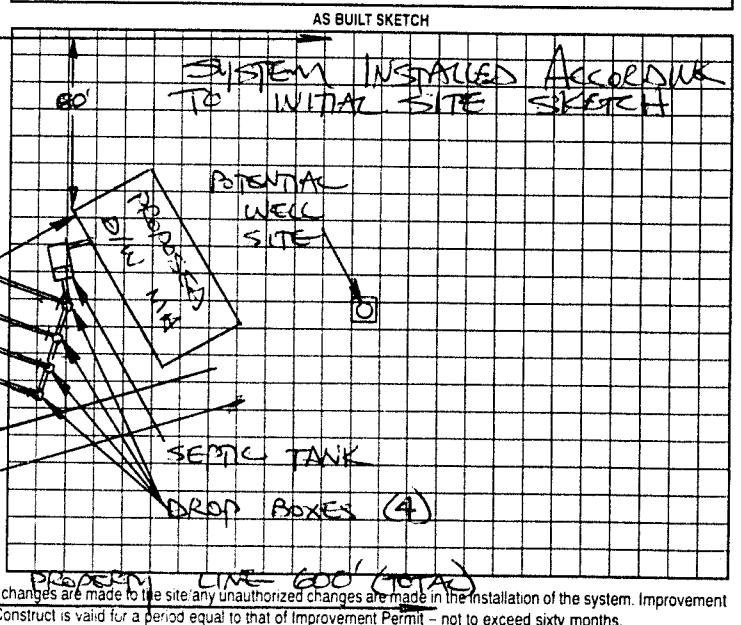
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: SEPTIC TANK WITH RISERS AND MARKER INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH



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 date 2-5-02 Installed by: KENNY MADISON

Improvement Permit by: STEVE HEDRICK date 2-05-02 Operation Permit by: STEVE HEDRICK date 2-12-02

Authorization to Construct by: STEVE HEDRICK date 2-05-02 Existing System Inspection by: date

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