IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150029 PIN# ~~4740201805~~ 4740200803 Lot 75 DATE 6/9/08

OWNER OR APPLICANT ~~Eric~~ Jack & Kim Zglinicki / Dennis Abee PHONE: Business 336.492.2089 Home 704.239.3693

ADDRESS 1042 Charlotte Hwy, Troutman, NC 28166

LOCATION Peach Rd. TR Clontz Hill, TR Ridge Creek, TR Brock Creek, on RT

SUBDIVISION Rocky Creek Cove BLOCK / SECTION — LOT ~~26~~ 75 LOT AREA 0.83 acres SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 760 Date 4/17/08

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 200'

No Lines 6 X 35' Trench Width 24" Max Trench Bottom Depth ~~36~~ 30" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity - 50%

Repair System Description: gravity 50%

Maintenance Agreement Required: ☐ Yes ☒ No

☐ Gravity ☐ Pressure

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

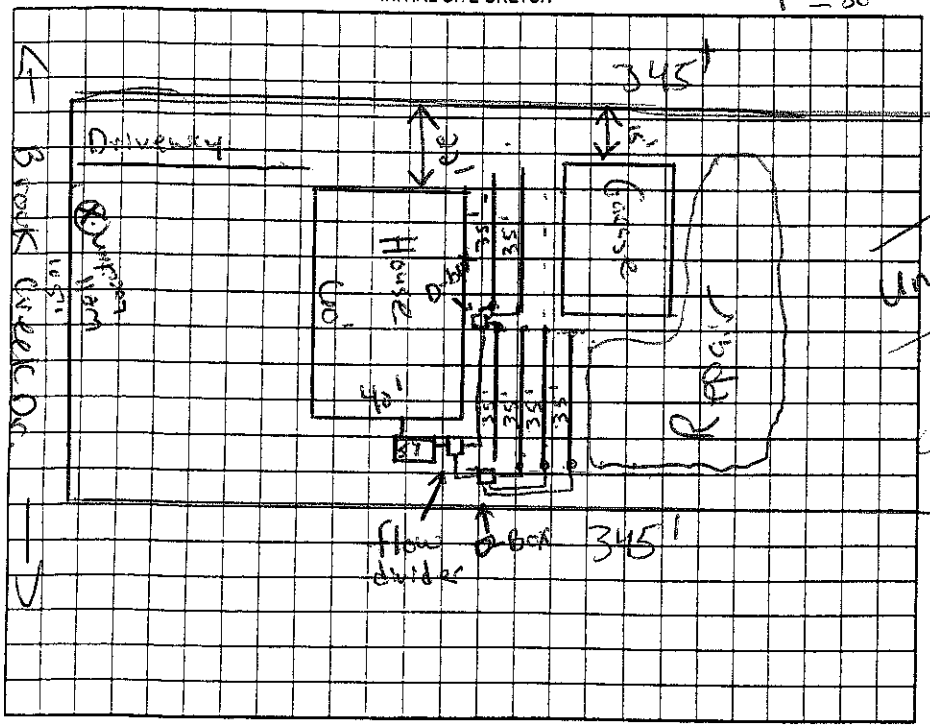
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: - maintain all setbacks, installation contour

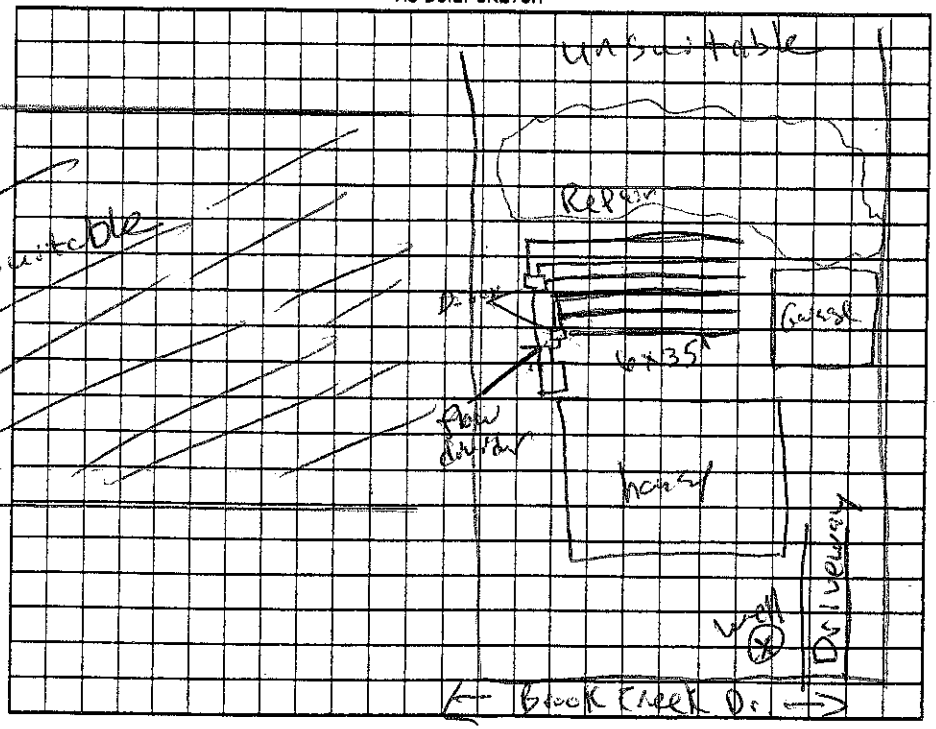
- use Flow divider, & 2 D-boxes, w/ each D-box feeding 3 lines, total of 6 - 35' lines

Comments:/Conditions: Red Filter

INITIAL SITE SKETCH 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: Dennis Abee date 6/10/08

Improvement Permit by: Kathy Rice date 6/9/08

Authorization to Construct by: Kathy Rice date 6/9/08

Installed by: Tim Abee

Operation Permit by: Kathy Rice date 7/7/08

Existing System Inspection by: ____ date ____

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