IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 175 MOORESVILLE 704-664-5281

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

PERMIT# 106018 PIN# 4740 45 8001 DATE 6/19/00

OWNER OR CONTRACTOR Billy W. Brown PHONE: Business _____ Home 528-4172

ADDRESS Life Rd. Troutman, NC. 28166

LOCATION Flower House Loop Rd to Life Rd on (R) before end. just before 224

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA EXIST SITE CLASS. RS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 2/5/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 266
No Lines 3 88 x 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: New - Conventional
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

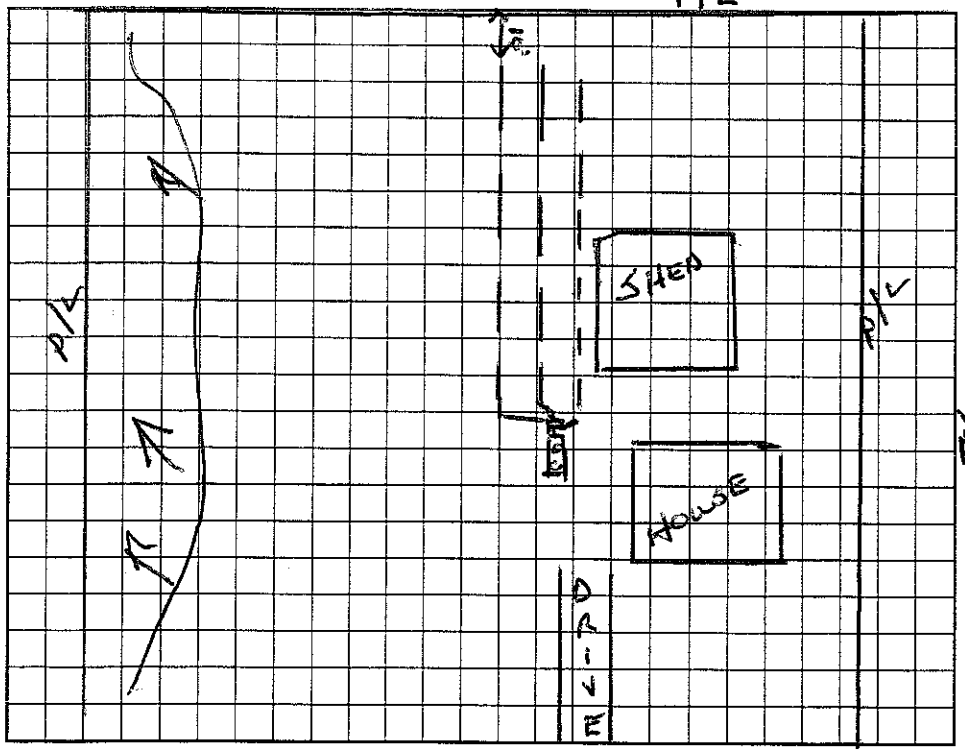
[X] House/Mod. Home No. Bedrooms 2
[ ] Mobile Home No. Bathrooms 1
[ ] Business No. Employees _____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community
SISTERS

Comments:/Conditions: Existing house, never had plumbing trying to improve.

Comments:/Conditions:

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: * Billy W. Brown date _____ Installed by: Wayne County

Improvement Permit by: Wesley Sparks R.S. date 6/19/00 Operation Permit by: Wesley Sparks R.S. date 4/11/02

Authorization to Construct by: Wesley Sparks RS date 6/19/00 Existing System Inspection by: _____ date _____

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