5:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150611 PIN# 4744478815 DATE 6-9-2008

OWNER OR APPLICANT KENNETH MILSAPS PHONE: Business 704 929 6610 Home 704 528 5483

ADDRESS 119 QUAIL HAVEN DR. TROUTMAN, NC 28166

LOCATION HWY 21 SOUTH THRU TROUTMAN, RGHT. ON BANKDALE, LOT AT END OF ROAD

SUBDIVISION ___ BLOCK / SECTION ___ LOT ___ LOT AREA 1.818 SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .35

Septic Tank: 1,000 Gallons; STB 1007 Date 4-6-09
Pump Tank: ___ Gallons; PT ___ Date ___
Pump Make: ___ Model ___ Serial No. ___
Nitrification Field: No Fields 1 Square Feet ___ Linear Feet 345'
No Lines 3 Trench Width 3' Max Trench Bottom Depth 24" Gravel Depth ___

☑ New System ☐ Repair ☐ Expansion System Type: (I) II III IV V VI
System Description: GRAVITY, 25% REDUCTION
Repair System Description: PUMP - 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☒ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other ___

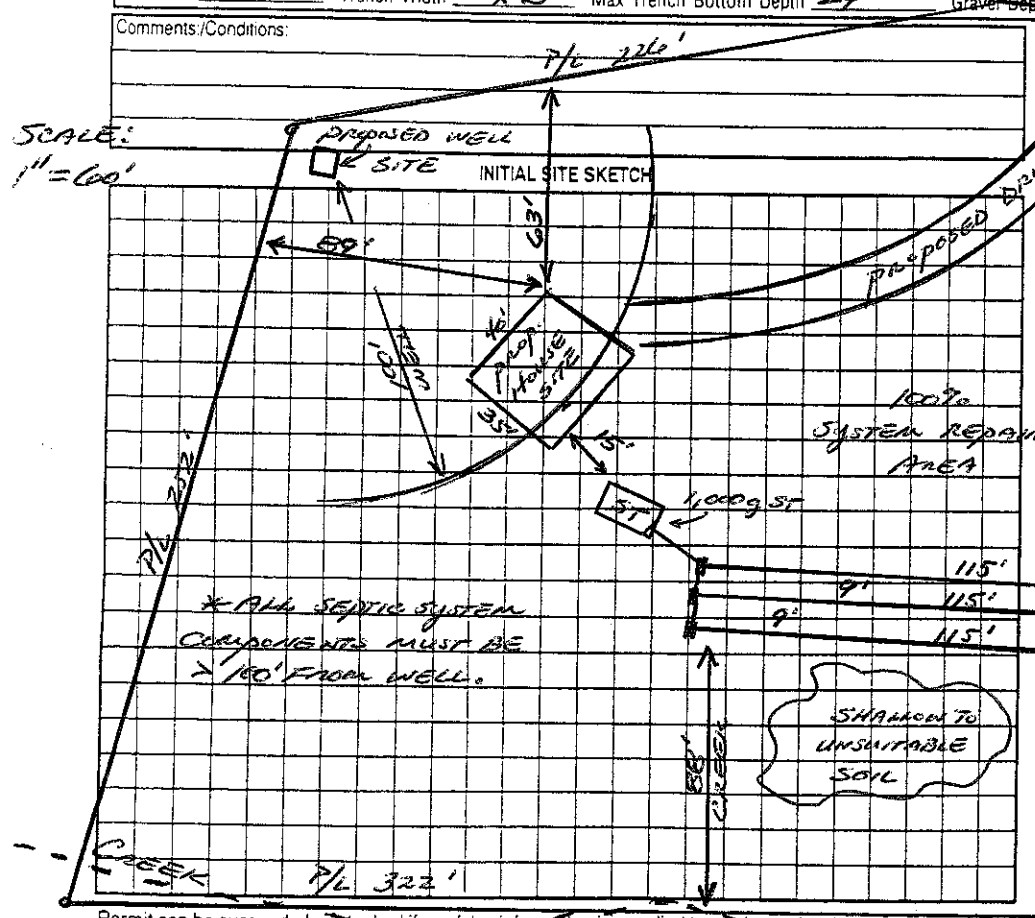
Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments/Conditions:

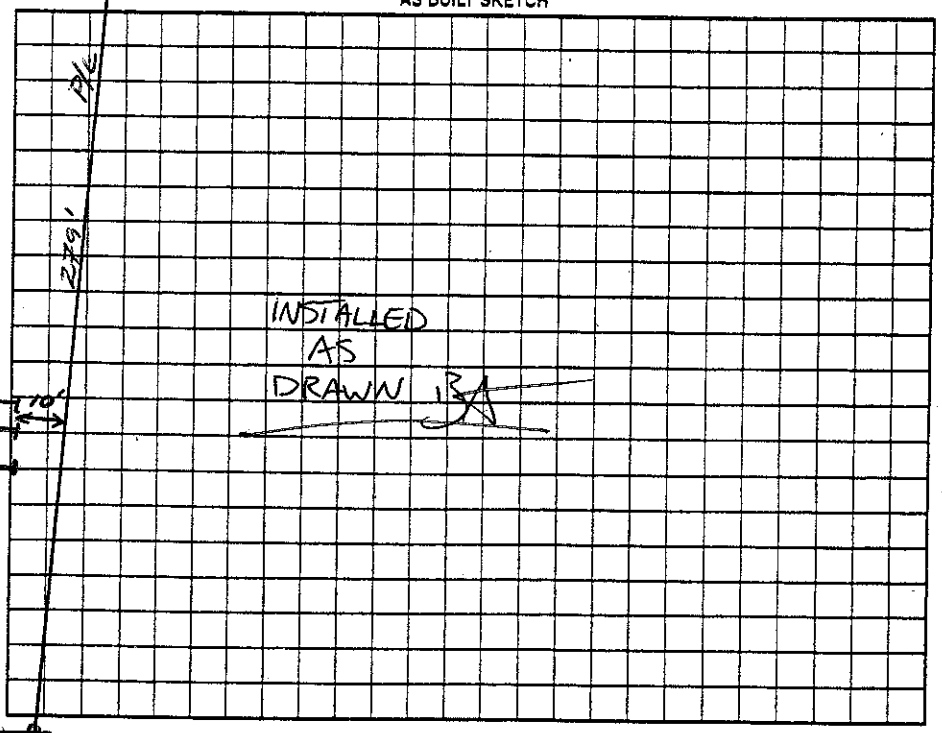
SCALE: 1" = 60'

INITIAL SITE SKETCH



Comments/Conditions: MAINTAIN ALL REQUIRED SETBACKS, INSTALL 3 LINES @ 115' EACH, LEVEL ON CONTOUR. MAINTAIN REPAIR AREA.

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: [signature] date 6-12-08 Installed by: KEVIN BOWLES

Improvement Permit by: [signature] date 6-9-08 Operation Permit by: [signature] date 6-23-09

Authorization to Construct by: [signature] date 6-9-08 Existing System Inspection by: ___ date ___

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