LL COUNTY HEALTH DEPARTMENT

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

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

183081 PIN# 4740509673

OWNER OR CONTRACTOR Rochelle Torrence DATE 5/16/99

ADDRESS 121 Marla Lp, Troutman NC 28166 PHONE: Business _____ Home _____

LOCATION Flower House Lp, TR Carlyle Farms TL Marla, 4th on LT

SUBDIVISION Carlyle Farms BLOCK / SECTION _____ LOT 5 LOT AREA _____ SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: Existing Models _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

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

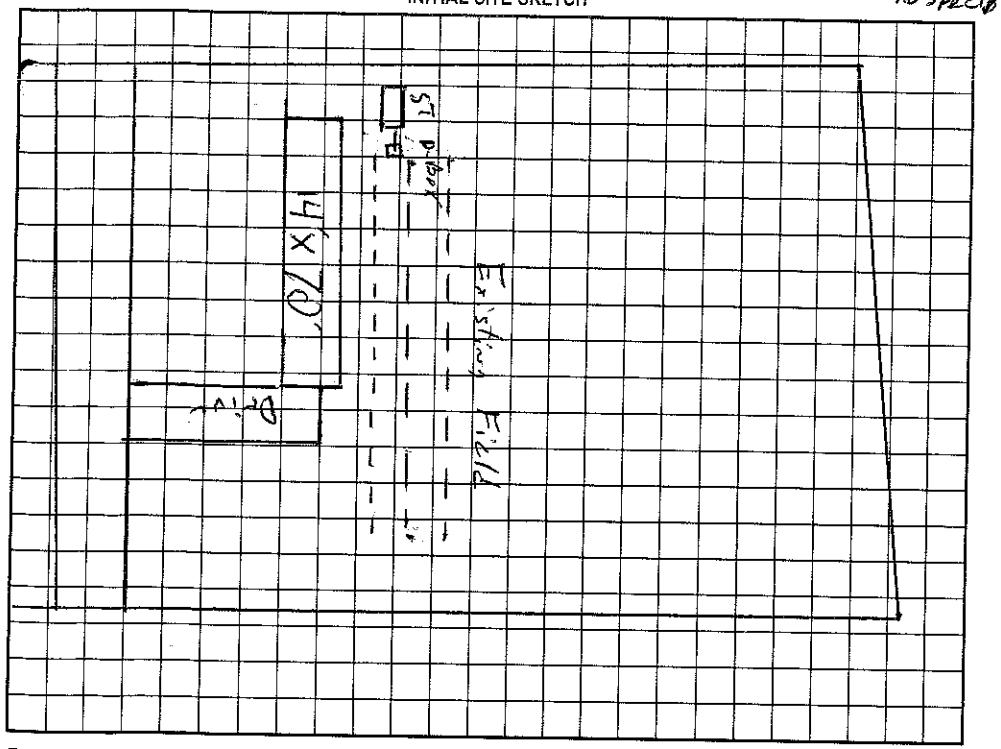
Water Supply:
☐ Individual
☐ Public
☐ Community

Comments:/Conditions: Could not locate drain field, below it is located as below but too deep for Prob. Septic tank was located System did not seem to be failing at time of inspection

Comments:/Conditions:

Not to scale

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: Brenton Young date 5-17-99

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Jeff Mayer date 5/16/99

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