4740 61 3671 1130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 77617 PIN# 4740613567 DATE 9/8/99

OWNER OR CONTRACTOR LOUISE MOOSE PHONE: Business Home 528-0110

ADDRESS 114 CARLYLE RD - TROUTMAN NC 28166

LOCATION FLOWER HOUSE - TL CARLYLE - FIRST DRIVE ON RT

SUBDIVISION BLOCK / SECTION LOT LOT AREA .22AC SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. , 3

Septic Tank: 1000 Gallons; STB 1012 Date 9/25/99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: PANEL

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 2 No. Bathrooms 2 No. Employees

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

Water Supply: ☑ Individual ☐ Public ☐ Community

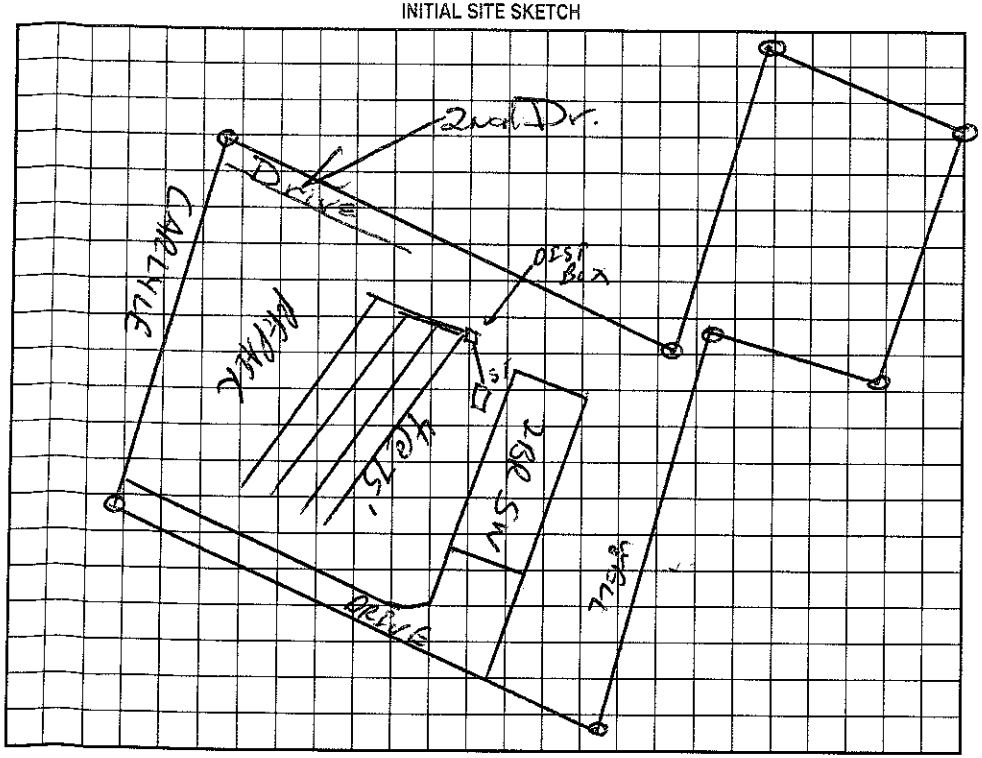
Comments:/Conditions: Riser & Filter installed REVISED

Comments:/Conditions: 2 BEDROOM MH

Top line being fed 1st.

* Well not installed at time of inspection

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Drawn

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: Louise Moose date 9-10-99 Installed by: Donald Lackey

Improvement Permit by: C. Mayfield RS date 9/8/99 Operation Permit by: Maina Hall Dobson RS date 10/8/99

Authorization to Construct by: C. Mayfield RS date 9/8/99 Existing System Inspection by: date

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