IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 125.00 Paid MOORESVILLE 704-664-5281

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

PERMIT# 100885 PIN# 4740 63 3686 DATE 6/21/01

OWNER OR CONTRACTOR J.D. Powell PHONE: Business _____ Home 704-528-4519

ADDRESS 118 Clonty Hill Rd. Troutman NC. 28166

LOCATION 115-21 N to Flowerhouse Lg. Ty Clonty Hill, first drive past #128 on (R)

SUBDIVISION No BLOCK / SECTION _____ LOT No LOT AREA 1.08 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 1-22-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 * Linear Feet 300 *
No Lines 4 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth SAND.

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: GRAV-EZ FLOW OR CHAMBERS
Repair System Description: SAME
Maintenance Agreement Required: [ ] Yes [ ] No

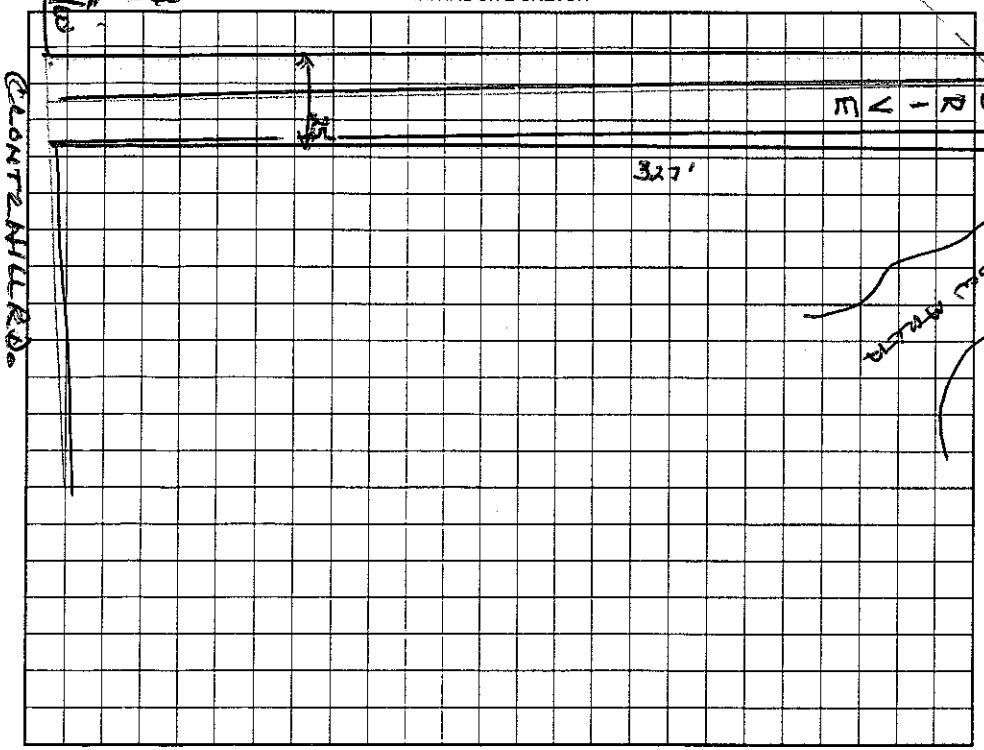
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 3
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [ ] Crawl Space [ ] Basement w/plumbing [X] Basement wo/plumbing

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

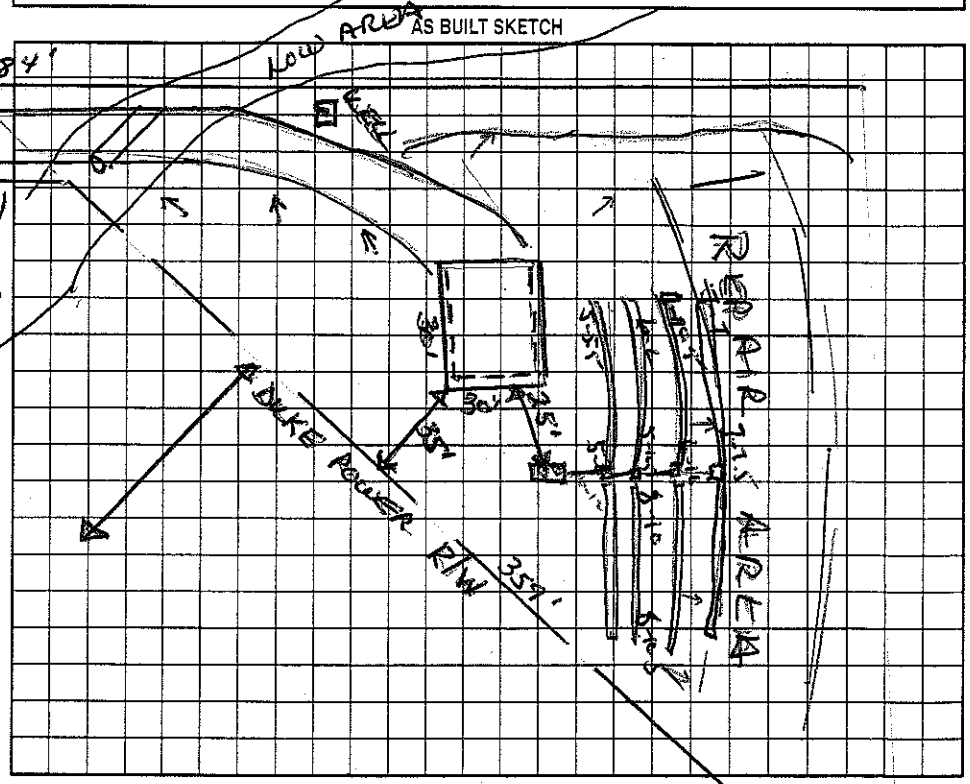
Comments:/Conditions: * 25% Reduced Drainfield

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: J.D. Powell date 6-21-01 Installed by: Wintpert Grading

Improvement Permit by: Wesley Sparks R.S. date 6/21/01 Operation Permit by: Wesley Sparks R.S. date 8/6/01

Authorization to Construct by: Wesley Sparks R.S. date 6/21/01 Existing System Inspection by: _____ date _____

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