IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Trautman PIN# 4941-32-0511 DATE 9-11-02

OWNER OR CONTRACTOR Kenneth V. Jones PHONE: Business — Home (704) 528-5561

ADDRESS P.O. Box 183 Trautman N.C. 28166

LOCATION Hwy 215, (R) Autumn Leaf Land, (L) Fall Hollow Lane on Right before 132

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.09 SITE CLASS — DESIGN FLOW 360 L.T.A.R. Ex

Septic Tank: Existing 1000 Gallons: STB — Date —

Pump Tank: — Gallons: PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet — Linear Feet 396

No Lines 5 Trench Width — Max Trench Bottom Depth — Gravel Depth —

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

System Description: Existing - Gravity, Conv.

Repair System Description: —

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

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

Water Supply: ☒ Individual ☐ Public ☐ Community

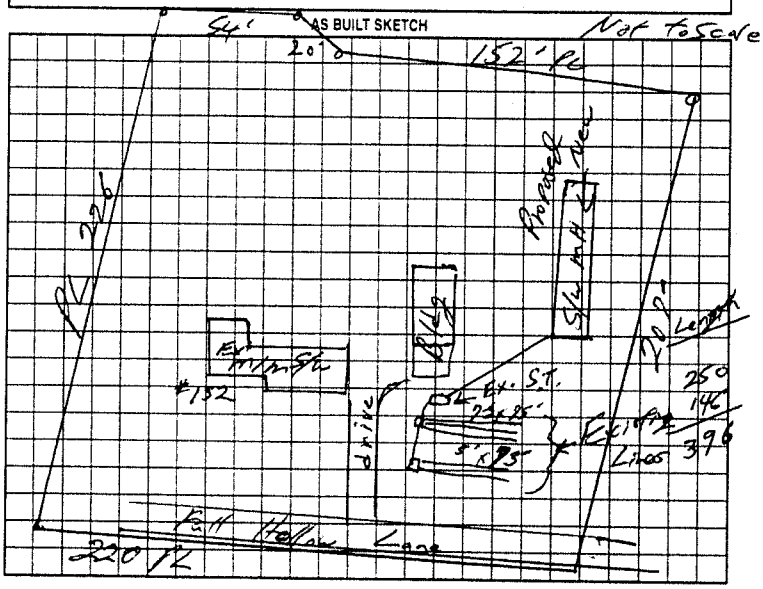
Comments/Conditions:

Rest. Permits (#202 7-19-92 Bobby Greene; Repair 4-20-93 Vance Miller (Bobby Greene))

Comments/Conditions: System okay at time of Inspection System not in use at this time. Tank Not Located.

INITIAL SITE SKETCH

AS BUILT SKETCH Not To Scale



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: _____ date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: William E. Johnson, LHS date 9-11-02

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