# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12127 PIN# 4741-36-0311 DATE 6/17/04

OWNER OR CONTRACTOR MARY LOU HABER PHONE: Business _____ Home 704-528-6700

ADDRESS 455 PERRY ROAD TROUTMAN, N.C. 28166

LOCATION 215 (L) PERRY RD HOUSE ON LEFT, & PAST IT WHERE POWER LINE R/O/W IS

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .98 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4-12-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet EQ/1200' Linear Feet 300'

No Lines 2 SPLIT Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: 2501 RED/GREEN

Repair System Description: SHALLOW CAP PANEL/LP

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other _____

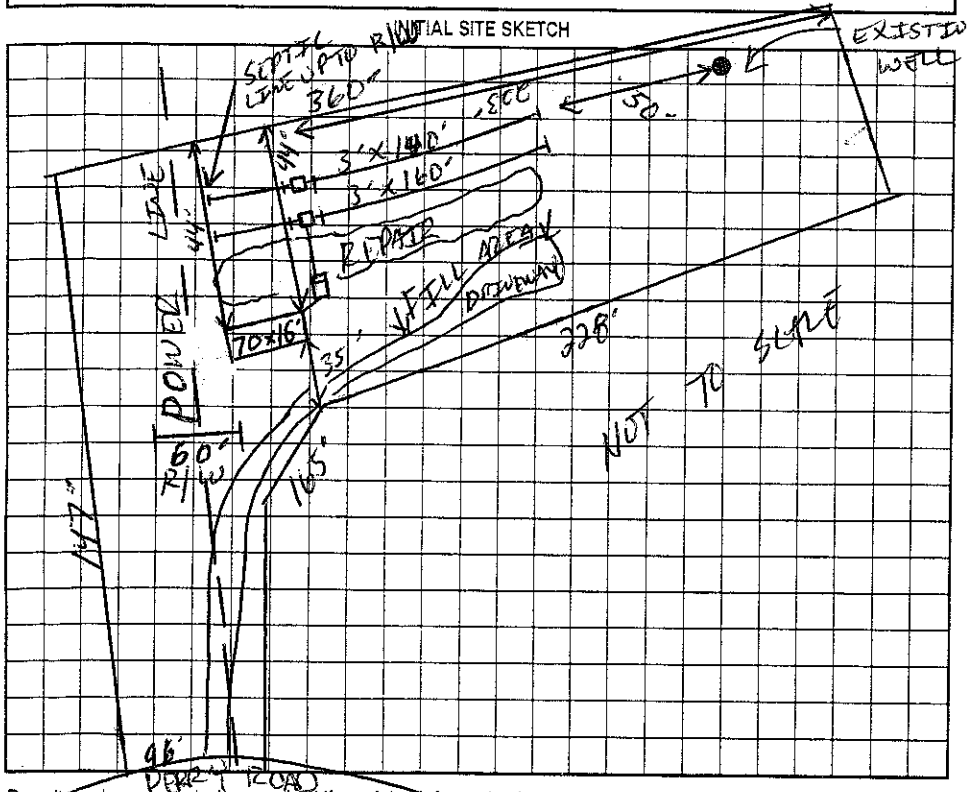
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

Comments/Conditions: (1) OWNER SAYS POWER LINE R/W IS 60' WIDE, 30' ON EACH SIDE OF POLES. KEEP SEPTIC LINES OUT OF R/O/W. (2)* NOTE MAXIMUM TRENCH BOTTOM DEPTH*

Comments/Conditions: (3) CALL PRIOR TO INSTALLATION FOR CONSULTATIVE VISIT.

INITIAL SITE SKETCH




AS BUILT SKETCH

INITIAL AERIC SYSTEM INSTALLED AS DESIGN

HOUSE NOT INSTALLED AT TIME OF CHECK

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: Mary Lou Hager date 6-18-04 Installed by: A-1 BACKHOE

Improvement Permit by: _____ date 6-17-04 Operation Permit by: _____ date 8-26-04

Authorization to Construct by: _____ date 6-17-04 Existing System Inspection by: _____ date _____

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