83-2-08-02

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Town of Troutman PIN# 4744-40-6667 DATE 9-16-02

OWNER OR CONTRACTOR Kelly E. Carrigan PHONE Business — Home (704) 528-5316

ADDRESS 132 Carrigan Rd. Troutman, N.C. 28166

LOCATION Hwy 21 S. to on Carrigan Rd to on Tahoe lane at end in middle

SUBDIVISION Bt 3 MHP BLOCK / SECTION ____ LOT #A LOT AREA ____ SITE CLASS ____ DESIGN FLOW 240 L.T.A.R. Existing

Septic Tank: 1,000 Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No ____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 3 Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: Existing Conventional

Repair System Description: —

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

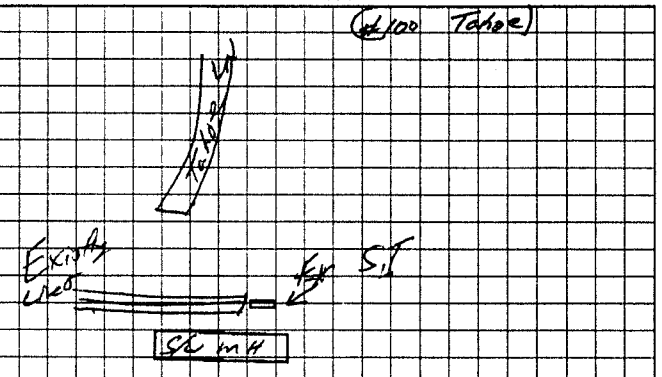
Water Supply: ☐ Individual ☒ Public ☒ Community

Comments/Conditions:

Comments/Conditions: Existing System Okay at time of Inspection. Replacing 2 BR MH with 2 BR MH @ Same Location

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: ____ date ____ Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: [signature] date 9-16-02

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