IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81-Z-08-04 PIN# 4741406667 DATE 9-28-04

OWNER OR CONTRACTOR KELLY CARRIGAN PHONE: Business 704-880-0295 Home 704-528-5316

ADDRESS 132 CARRIGAN LANE TROUTMAN, N.C. 28166

LOCATION 21 SOUTH THRU TROUTMAN (R) CARRIGAN (L) TAHOE ON LEFT

SUBDIVISION CARRIGAN MHP BLOCK / SECTION ____ LOT A-7 LOT AREA ____ SITE CLASS. ____ DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet EXISTING Linear Feet ____

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

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

System Description: CONV GRAV

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

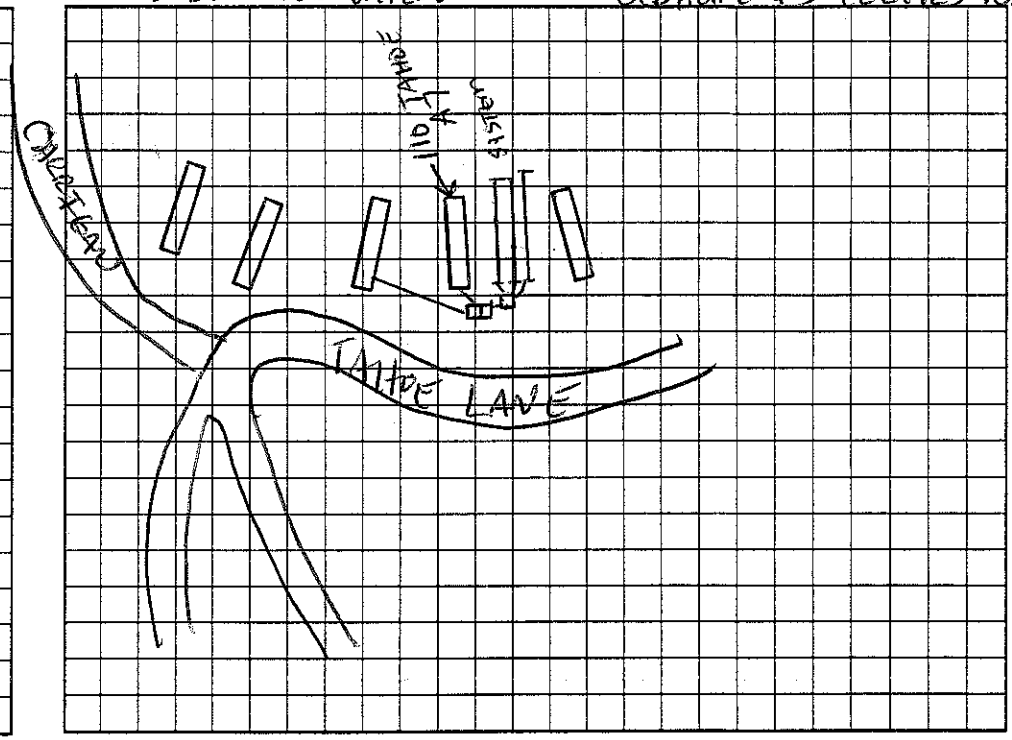
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments/Conditions:

Comments/Conditions: (1) TAKING OFF 3 BEDROOM & REPLACING WITH 3 BEDROOM (2) SYSTEM WAS TO BE ENTIRELY PROBED (3) SYSTEM PROPERLY FUNCTIONING AT TIME OF CHECK. (4) NO OLD RECORDS FOUND (5) MAINTAIN SETBACKS (6) HOME IS BEING REPLACED WHERE OLD HOME IS LOCATED NOW.

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: X Kelly Carrigan date 9-29-04 Installed by: ____

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

Authorization to Construct by: ____ date ____ Existing System Inspection by: [signature] date 9-28-04

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