IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 91634 PIN# 4741 78 17392 DATE 9-6-00

OWNER OR CONTRACTOR Barry Sigmon PHONE: Business Home 528 6317

ADDRESS PO Box 602 Troutman N.C.

LOCATION Murdock Rd Turn Hoover Rd 1.5mi Rt 394 Hoover Rd

SUBDIVISION BLOCK / SECTION LOT LOT AREA 11acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 625 RST Date 9-2-00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2½

☐ Business No. Employees

☐ Other

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

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

Ex. Barn

INITIAL SITE SKETCH

Ex. Shed

Ex. Well

50'

50'

S.T.

Drop boxes

60'

House Site

70'

Driveway

To Hoover Road

Comments/Conditions:

Repair area

Soil changing to marginal Change limitation on lower 2 (attached) Installed where shown on II.

AS BUILT SKETCH

Stream

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: Barry Sigmon date

Improvement Permit by: P.C. Moore date 9-6-00

Authorization to Construct by: P.C. Moore date 9-6-00

Installed by: Loren Septic Tank

Operation Permit by: D.C. Hutson, PS date 10-23-00

Existing System Inspection by: date

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