C1

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138605 PIN# 4741-68-9444.7457 CELL: 704-902-4518 DATE 10/25/06

OWNER OR APPLICANT LARRY SIGMON PHONE: Business 704-528-6317 Home 704-528-4728

ADDRESS P.O. BOX 607 TROUTMAN, NC 28166

LOCATION I-77 SOUTH, (R) AMITY HILL RD., (L) MURDOCK RD., (L) HOOVER RD. PROPERTY ON RIGHT @ BOX # 374 ACROSS FROM MATHIAS VINEYARD S/D,

SUBDIVISION N/A BLOCK / SECTION — LOT — LOT AREA 1.98 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.25 GPD/FT2

Septic Tank: 1,000 Gallons; STB RST 511 Date 2-10-07

Pump Tank: _____ Gallons; PT RST 535-1000 Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ to 1440 Linear Feet 380'

No Lines 6 Trench Width 36" Max Trench Bottom Depth 24

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

System Description: 25% REDUCTION, GRAVITY

Repair System Description: 25% REDUCT, GRAV/PUMP

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

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

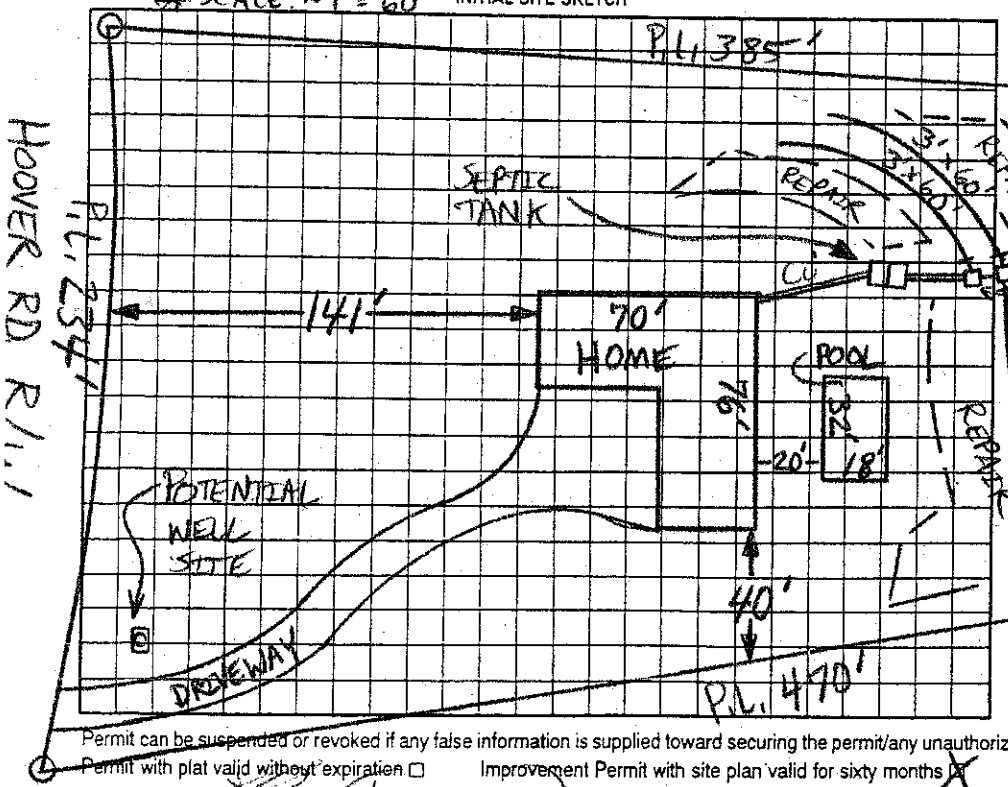
No. Bedrooms 3 No. Persons _____ No. Employees _____

Water Supply: ☒ Individual WELL ☐ Public ☐ Community

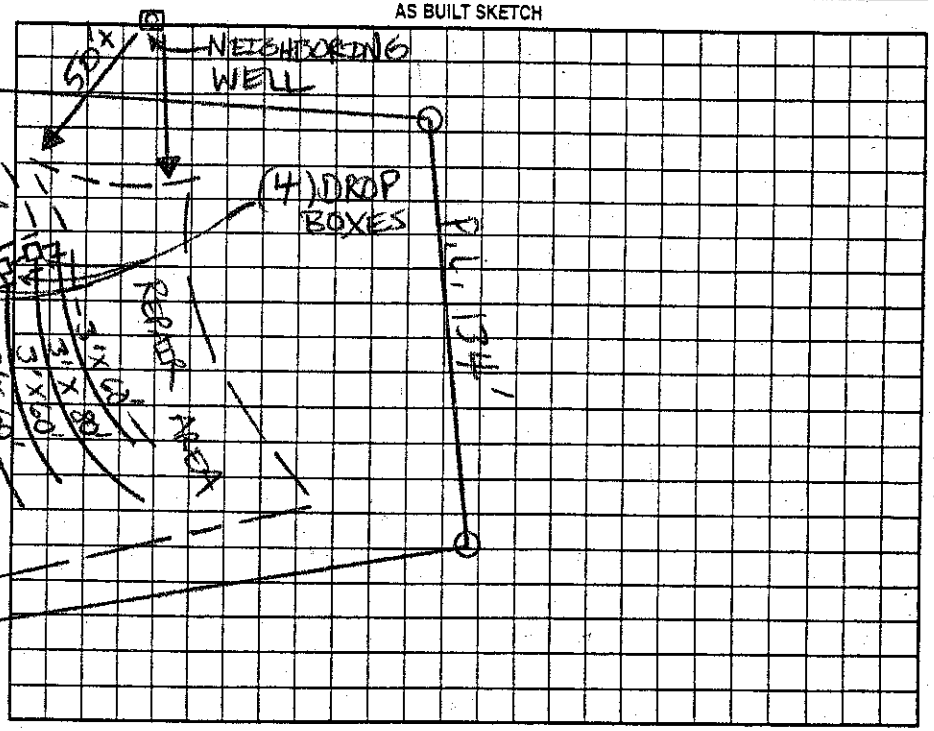
Comments/Conditions: (1) MAXIMUM TRENCH BOTTOM DEPTH IS 24".

Comments/Conditions: Poly Lock Fittings

*SCALE: 1" = 60' 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: Larry Sigmon date _____ Installed by: Kuhn Septic

Improvement Permit by: _____ date 10/25/06 Operation Permit by: _____, R.S. date 21 MARCH 07

Authorization to Construct by: _____ date 10/25/06 Existing System Inspection by: _____ date _____

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