IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4742-32-7462 DATE 6-30-2004

OWNER OR CONTRACTOR KATHY JONES PHONE: Business 828-234-9134 Home 704-663-2227

ADDRESS 467 MURDOCK ROAD TROUTMAN NC 28166

LOCATION US 21 SOUTH, TL MURDOCK ROAD, 1.4 MILES ON LEFT AT BOX # 467

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA LIMITED SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet EXISTING

No Lines THREE Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: CONV. GRAVITY

Repair System Description: CONVENTIONAL GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees _____

☐ Other _____

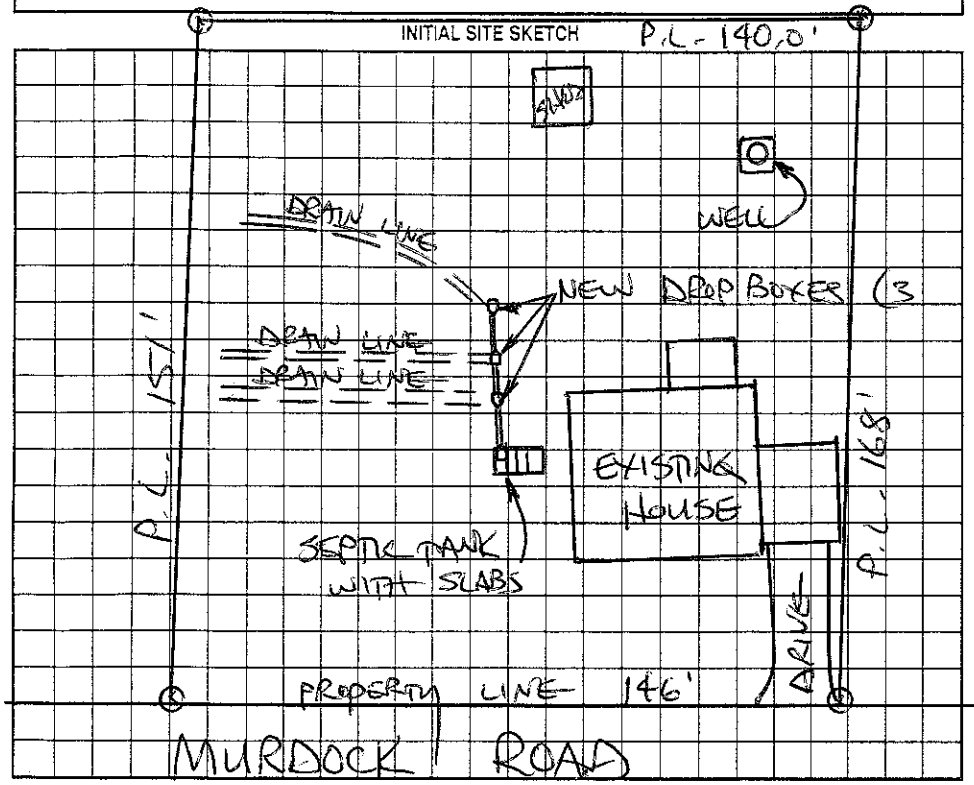
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☑ Public ☐ Community

Comments:/Conditions: INSTALL NEW SUPPLY LINE W/ DROP BOXES AS SHOWN REPLACING CRUSHED CONCRETE TILE

Comments:/Conditions: NEW FILTER INSTALLED IN SEPTIC TANK WITHOUT BAFFLE WALL

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITAL SITE 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 7-6-04 Installed by: JARED LENTZ

Improvement Permit by: STEVE HENDRICK date 6-30-2004 Operation Permit by: STEVE HENDRICK date 7-6-04

Authorization to Construct by: STEVE HENDRICK date 6-30-2004 Existing System Inspection by: _____ date _____

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