82866 + 82867

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Troutman 4-2-0688 PIN# [redacted] 4742 33 3360 DATE 7-8-99

OWNER OR CONTRACTOR Brent murdock PHONE: Business 5284459 Home

ADDRESS 368 Old mtn Rd Statesville

LOCATION 21S TL at Troutman on murdock Rd Past Duck creek Next ST left 500' RH Johncarl Dr. (NEW)

SUBDIVISION Amantabeish BLOCK / SECTION Est. LOT 5. LOT AREA 1.813 acres SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 1011 Date 11-18-99

Pump Tank: 1500 Gallons; PT 99 Date 12-7-99

Pump Make: SOLIDS Model WEOSTH Serial No. 9931908

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description Pump to 2550 Retention

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☑ Other Duplex

No. Bedrooms 4 No. Bathrooms 4 No. Employees

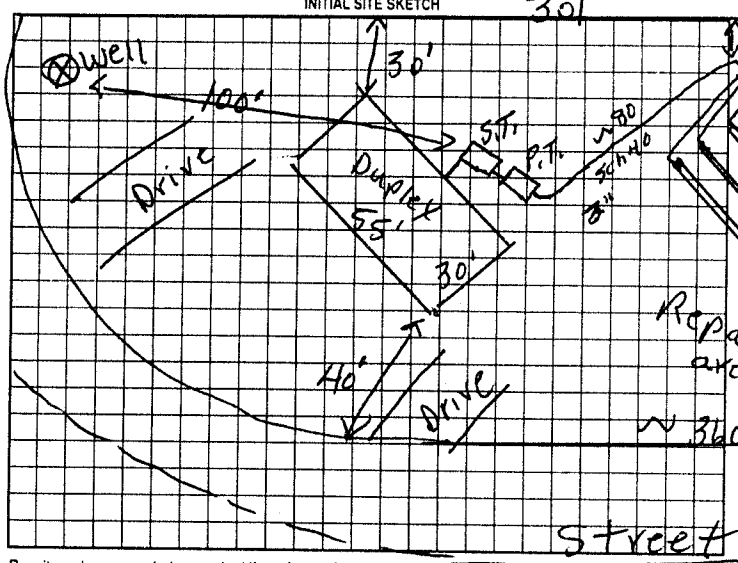
☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

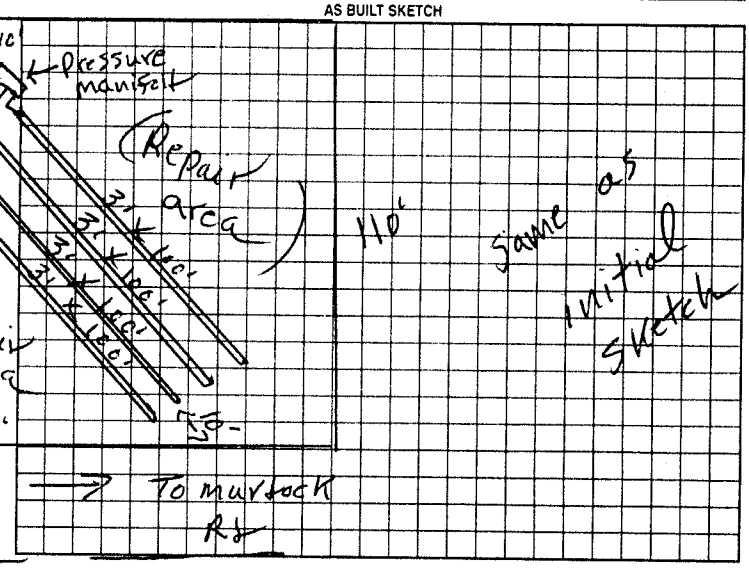
Comments/Conditions: See Attached sheets for P.T. Pressure manifold & Clean out Set up Which are part of this Permit.

Comments/Conditions: SYSTEM PRESSURE CHECKED 11-3-99 - RSH

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: [signature] date 7/13/99 Installed by: Tommy Frye

Improvement Permit by: F. C. Moore date 7-8-99 Operation Permit by: F. C. Moore date 12-7-99

Authorization to Construct by: F. C. Moore date 7-8-99 Existing System Inspection by: _____ date _____

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