IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 06-2-0110 PIN# 4742 34 3982 DATE 12/22/00

OWNER OR CONTRACTOR Mark Pope / Lester Hobbs PHONE: Business (704) 309-4499 Home 528-5113

ADDRESS PO Box 1363 Troutman NC 28166

LOCATION I-77S, R Amity Hill, L Murdock, R Duck Creek, on Lt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 15.4 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 312 Date 4-10-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3@133 Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I (II) III IV V VI
System Description: Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: [ ] Yes [X] No

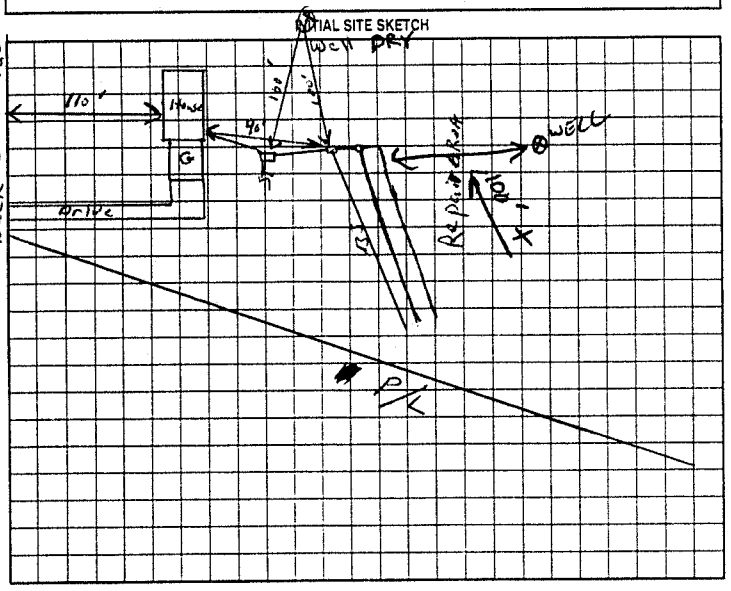
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions:

Comments/Conditions: 2ABEL FILTER & RISERS INSTALLED AS SHOWN INCLUDING COMMENTS BELOW

INITIAL SITE SKETCH



AS BUILT SKETCH

TANK MOVED TO 75' AWAY FROM HOUSE DUE TO POWERLINE, SYSTEM IN ORIGINAL AREA 20' AWAY FROM TANK.

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: D Mark Pope date 1/16/01 Installed by: WES LITTON

Improvement Permit by: [signature] RSI date 12/22/00 Operation Permit by: [signature] date 8-24-01

Authorization to Construct by: [signature] RSI date 12/22/00 Existing System Inspection by: _____ date _____

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