IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089692 PIN# 4742566624 DATE June 8, 2000

OWNER OR CONTRACTOR Robert B. Hall PHONE: Business (704) 838-0622 Home

ADDRESS 128 Suzuki Dr. Troutman 28166

LOCATION From Statesville I-77 S. Exit on Amity Hill Rd @ TR TL Murdock Rd TR Hamilton TR Suzuki at pond on left

SUBDIVISION Silo Acres BLOCK / SECTION LOT 96497 LOT AREA 1.04 ac SITE CLASS B DESIGN FLOW 360 gpd L.T.A.R. 0.25-.3 Bermuda

Septic Tank: 1000 Gallons; STB 794 Date 1-9-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1350 ± Linear Feet 450 ±
No Lines 5 @ 90' ± Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: 1 Stage
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

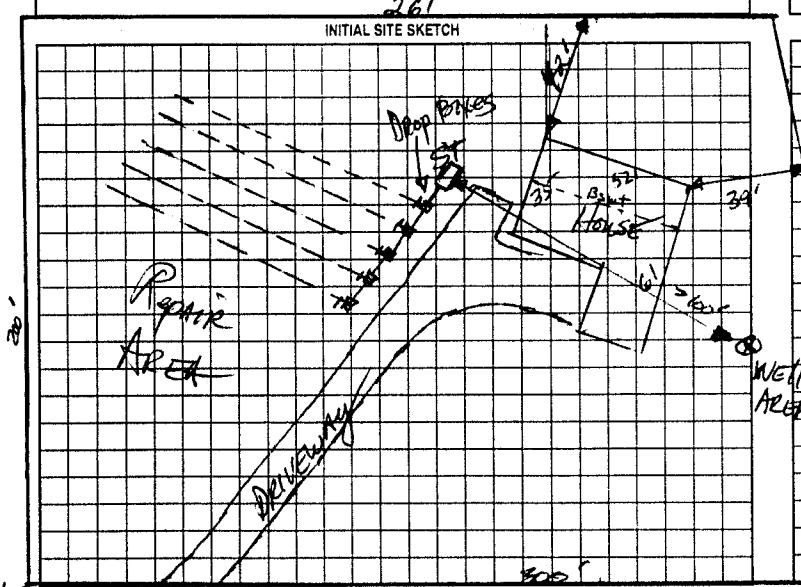
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

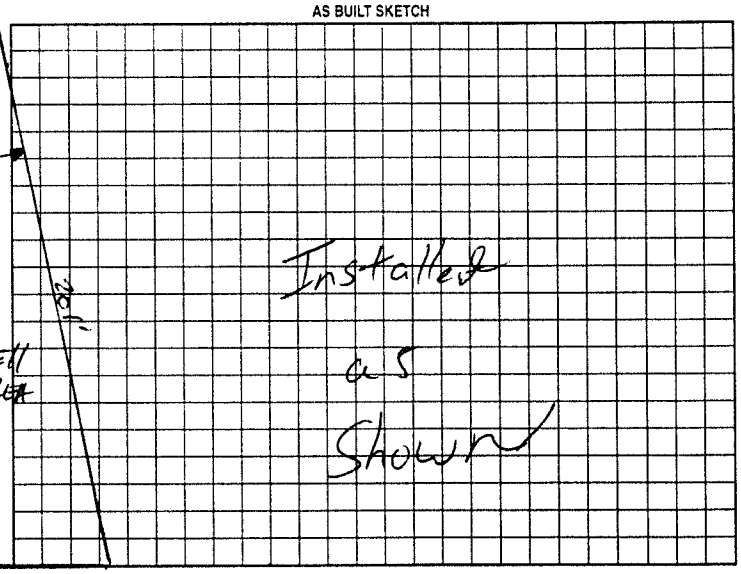
Comments/Conditions: @ Laterals to follow contour as flagged.
1" = 50'

Comments/Conditions:
- Poly Lok Filter Installed
- Septic Tank Marker Installed

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 plan 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 6-8-00 Installed by: Clint Dunning

Improvement Permit by: date 6-8-00 Operation Permit by: William O. Johnson RSI date 2/27/01

Authorization to Construct by: date 6-8-00 Existing System Inspection by: date

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