IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 43575 PIN# 4742 71 12 52 DATE 01/04/01

OWNER OR CONTRACTOR Paul Murdock PHONE: Business _____ Home 528-9646

ADDRESS 146 Gravel Dr. Troutman NC 28166

LOCATION 21S, L Murdock, R Hoover, L Gravel Dr., Price on Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.5 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 312 Date 2/17/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[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
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

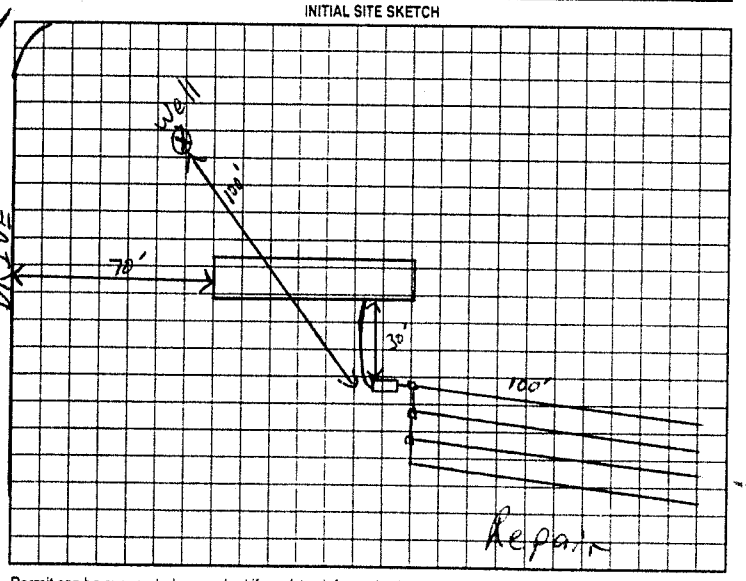
[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other _____

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

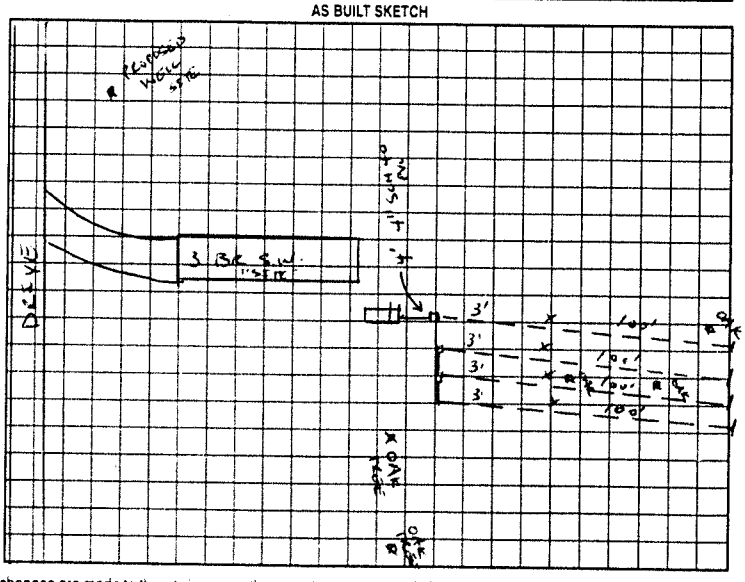
Comments/Conditions:

Comments/Conditions ① NO CUTTING OR FILLING OVER DRAINFIELD AREAS ② KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS ③ Pump SEPTIC TANK EVERY 3-5 YRS.

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: Melany Murdock date 1-22-01

Improvement Permit by: [signature] date 1/5/01

Authorization to Construct by: [signature] date 1/5/01

Installed by: BARRY SIGMON

Operation Permit by: [signature] date 1/31/01

Existing System Inspection by: _____ date _____

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