IREDELL COUNTY HEALTH DEPARTMENT

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

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

EXISTING

PERMIT# 21691 PIN# 4742-60-~~7579~~ 8622 DATE 6-28-04

OWNER OR CONTRACTOR PAUL MURDOCK PHONE: Business 704-539-3433 Home 704 528-2681

ADDRESS 279 HOOVER ROAD TROUTMAN, NC 28166

LOCATION 21 SOUTH (L) MURDOCK (R) HOOVER (L) PAST GRAVEL ROAD (THATS THE NAME) ON GRAVEL DRIVE, OFF THE ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.58 +/- 1,370 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .5

Septic Tank: 1000 Gallons; STB _____ Date _____

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"

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

System Description: 60% LOW

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

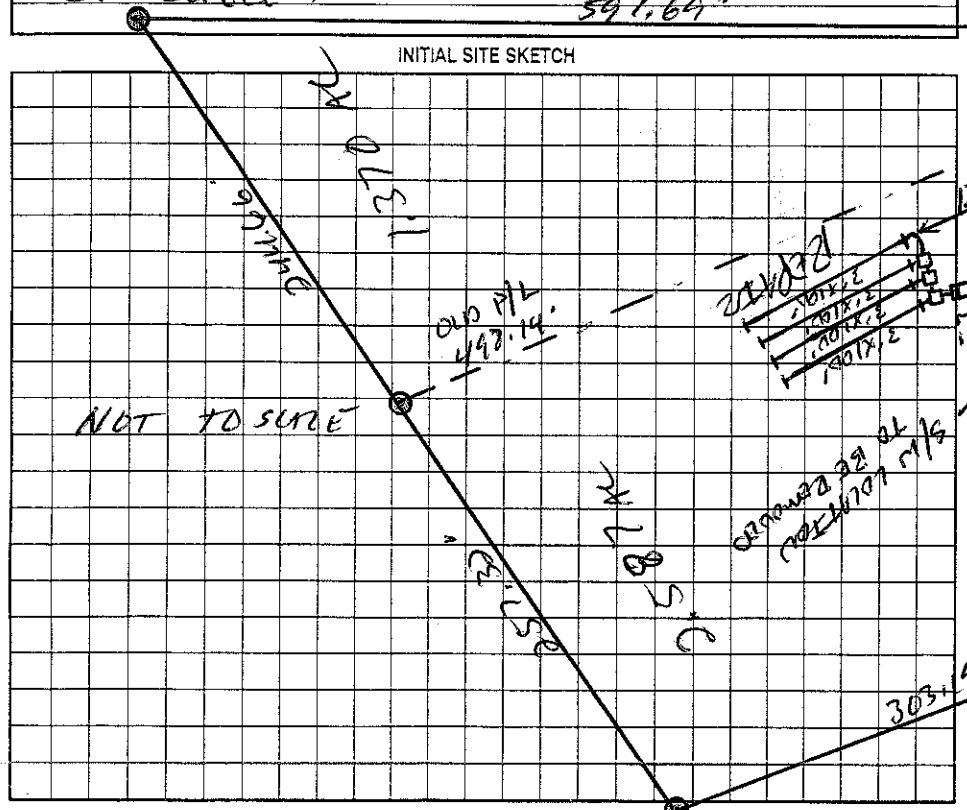
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

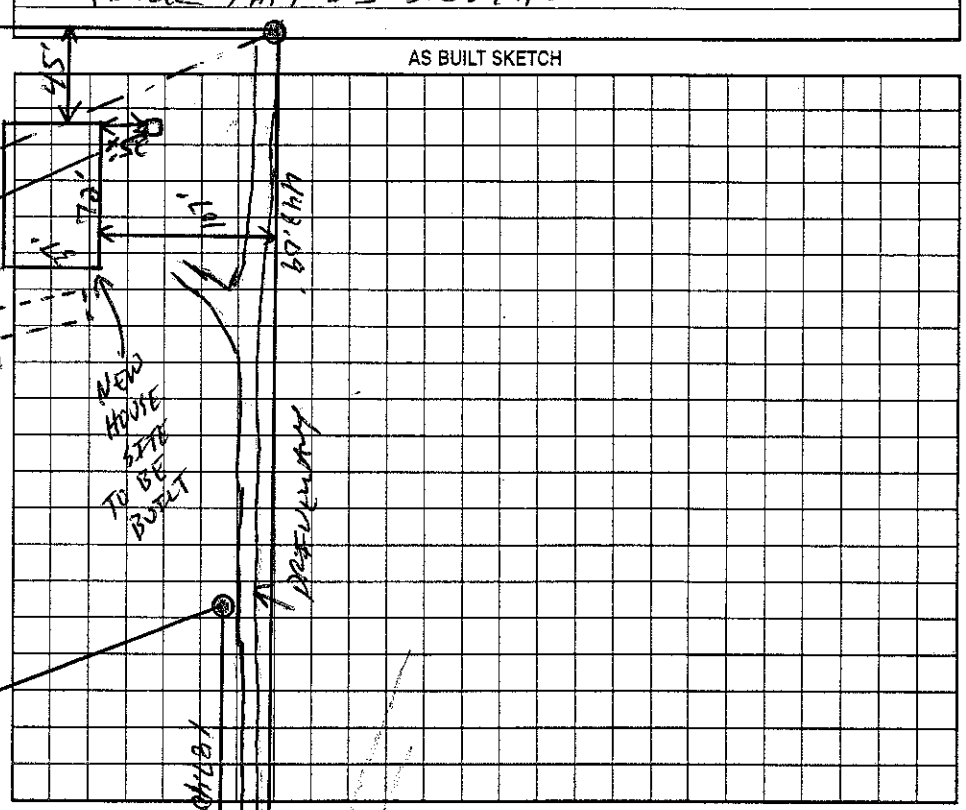
Comments:/Conditions: (1) MAINTAIN SETBACKS & KEEP FALL TO TANK (2) NO SIGNS OF FAILURE AT TIME OF CHECK. 597.64'

Comments:/Conditions: (3) COMBINING BOTH TRACTS INTO 1 TRACT. SEPTIC & REPAIR IS ENTIRELY ON EAST TRACT THAT IS 2.587AC

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: Jennifer Murdock date 8-18-04 Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 6-28-04

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