IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 4-22-99

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

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

PERMIT# 080459 PIN# 4743 01 4973 DATE 9-14-00

OWNER OR CONTRACTOR BRIAN BANGERT PHONE: Business _____ Home _____

ADDRESS P.O. BOX 508, TROUTMAN NC 28166

LOCATION US 21 S, TL MOOSE CLUB RD, TL SKYUKA DR, TR ARLIE LOOP ~ 0.3 MILE ON LEFT

SUBDIVISION ARLIE ACRES BLOCK / SECTION _____ LOT _____ LOT AREA 10.24 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 7-23-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400
No. Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV- GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

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

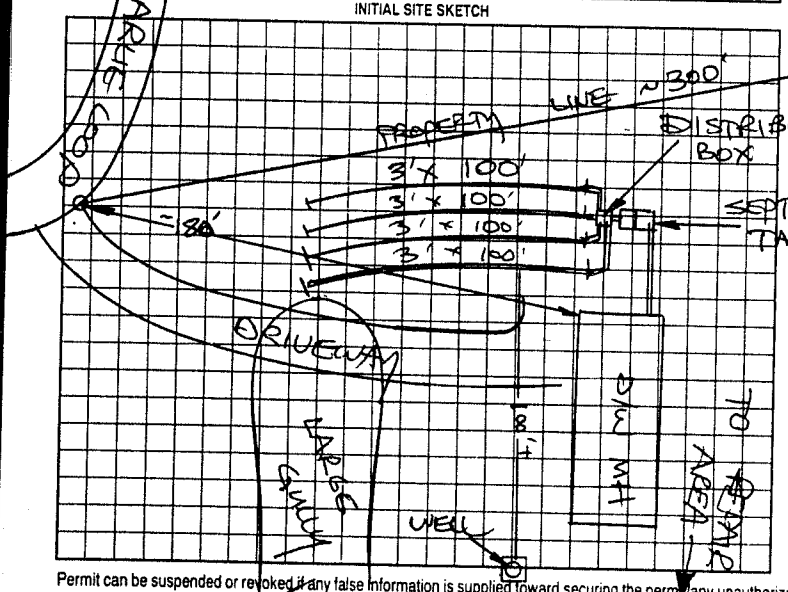
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

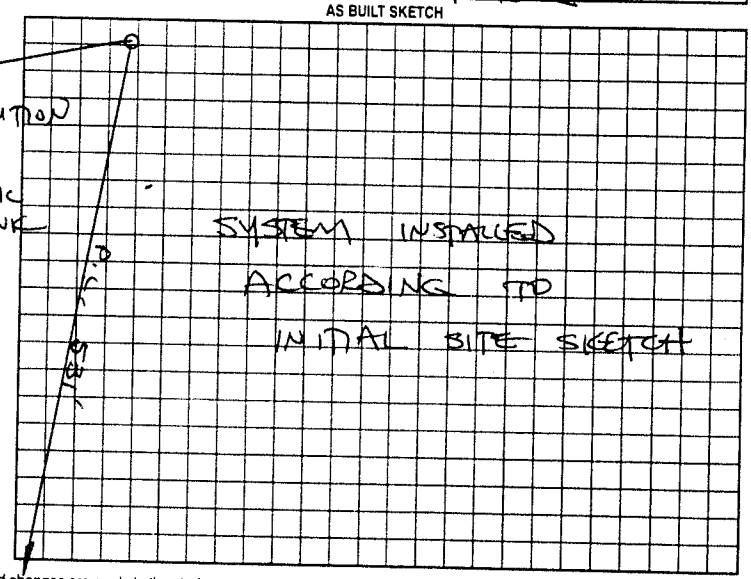
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL (.1956 (6)(a))

Comments/Conditions: ① NO VEHICULAR TRAFFIC ALLOWED OVER SYSTEM. ② SEPTIC TANK W/ RISERS INSTALLED USING "TUF-TITE" FILLER

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 9-14-00

Improvement Permit by: STEVE HEDRICK date 9-19-00

Authorization to Construct by: STEVE HEDRICK date 9-19-00

Installed by: KENNY MADISON

Operation Permit by: STEVE HEDRICK date 9-15-00

Existing System Inspection by: _____ date _____

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