IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 150.00 MOORESVILLE 704-664-5281

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

PERMIT# 121092 PIN# 4750-69-6701 DATE 6/16/04

OWNER OR CONTRACTOR Stephanie Stephens PHONE: Business _____ Home 704 252 1087

ADDRESS 140 Wood Tree Ln Troutman NC 28166

LOCATION 21/115 N, TR Oswalt Amity, TR Overcash, TR Kendall, TR Woodtree, at end on Rt

SUBDIVISION Kendallwood BLOCK / SECTION _____ LOT 9 LOT AREA 0.97A SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 9/27/04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 390 Add'l/1200 Total Linear Feet 130' Add'l/400 Total
No Lines 1 each Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Addition Conventional
Repair System Description: Conventional
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 12"

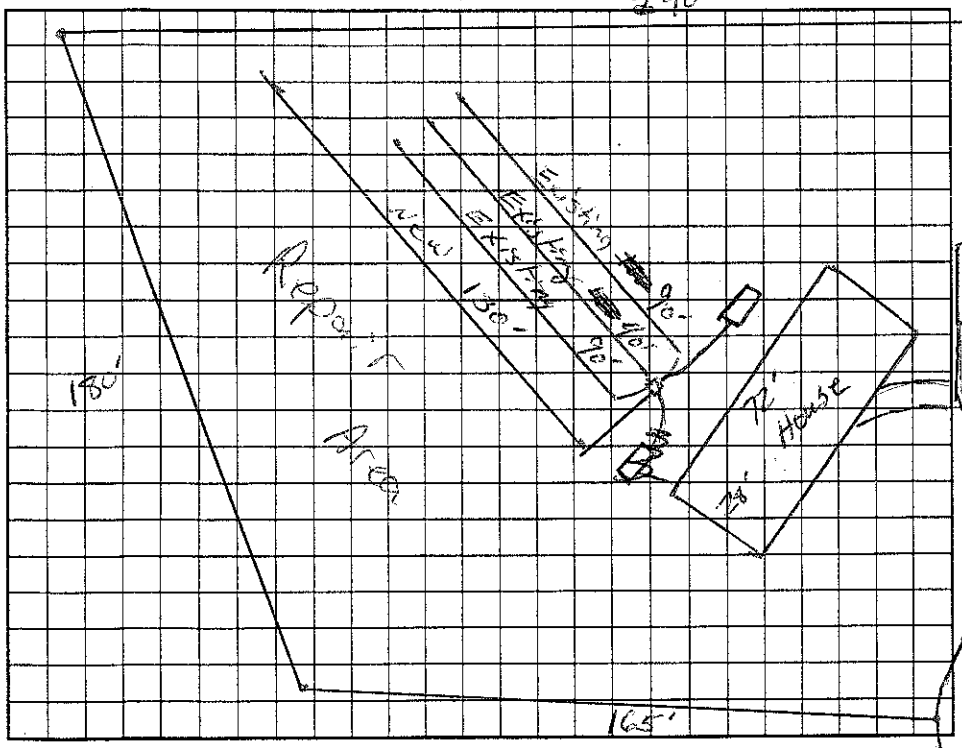
☒ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

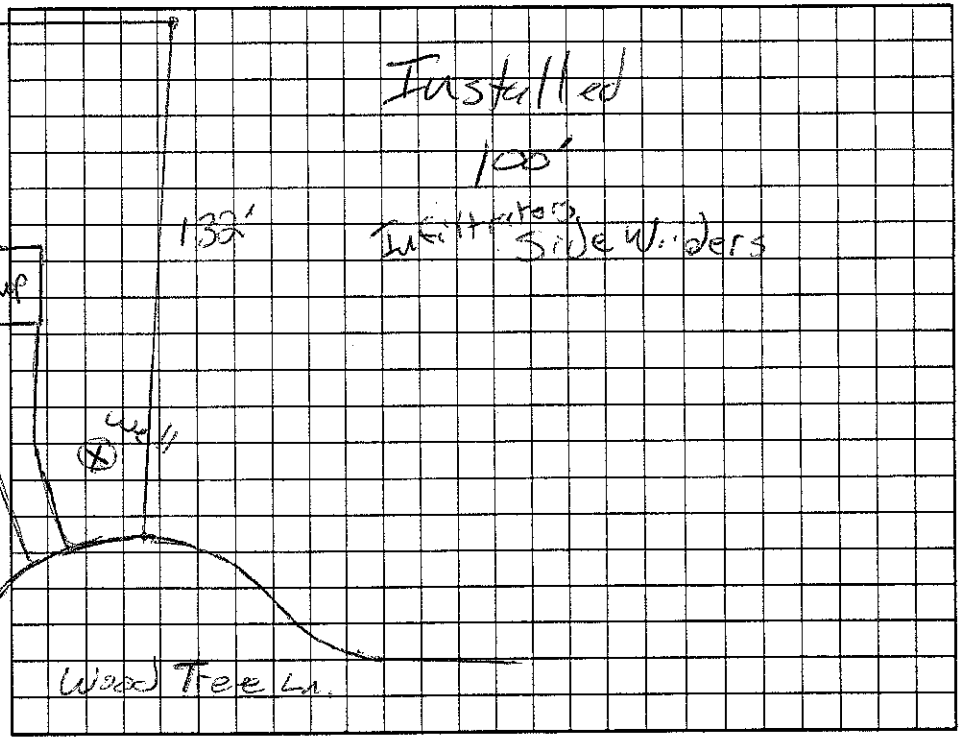
Comments:/Conditions: Set Distribution Box to Feed the New Line Last - House Must be 5' Minimum From Septic Tank

Comments:/Conditions: Old Tank was crushed & Filled New Tank set

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: Stephanie Stephens date 6/28/04 Installed by: A-1 Backhoe

Improvement Permit by: RS date 6/16/04 Operation Permit by: RS date 5/17/05

Authorization to Construct by: RS date 6/16/04 Existing System Inspection by: _____ date _____

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