2100

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# D84066 PIN# 4750784655 PT/4750787905 DATE 10/22/99

OWNER OR CONTRACTOR Sandy Jones PHONE: Business _____ Home (704)528-0845

ADDRESS 101 Tahoe Ln Troutman, NC 28166

LOCATION Dswalt Amity TR Overcash TR Kendall 200' on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.19 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 313 Date 9/21/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 4 at 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: Gravity - Conventional

Repair System Description: Same

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

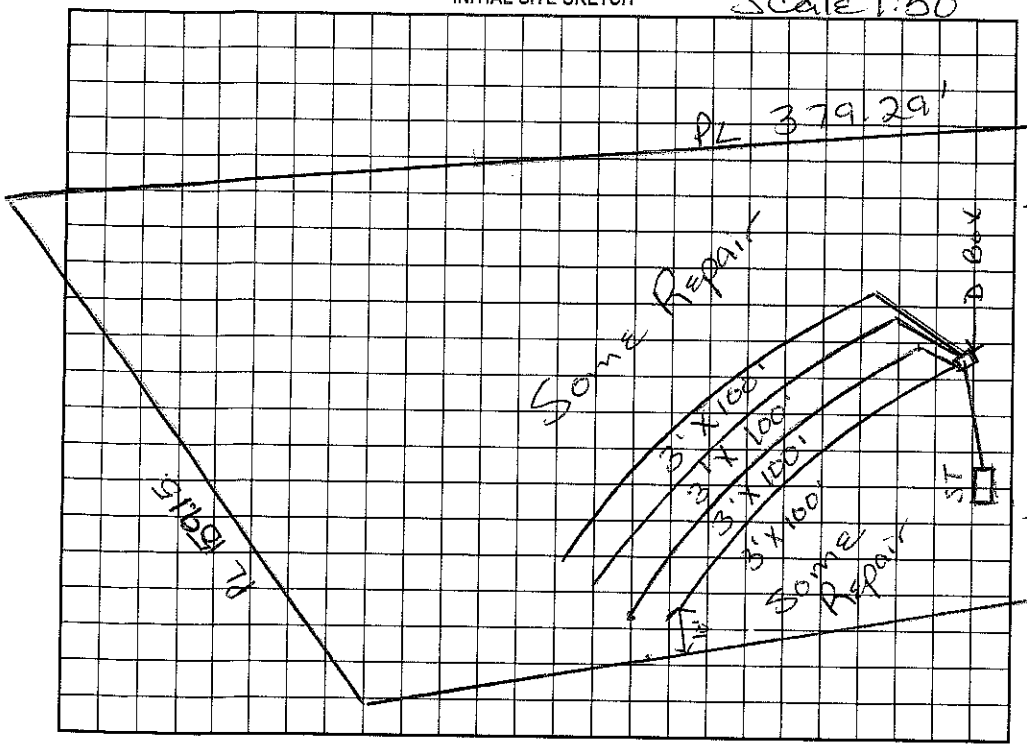
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System 10' from PL 5' from MH & 100' from well (minimum of 50' from any well.

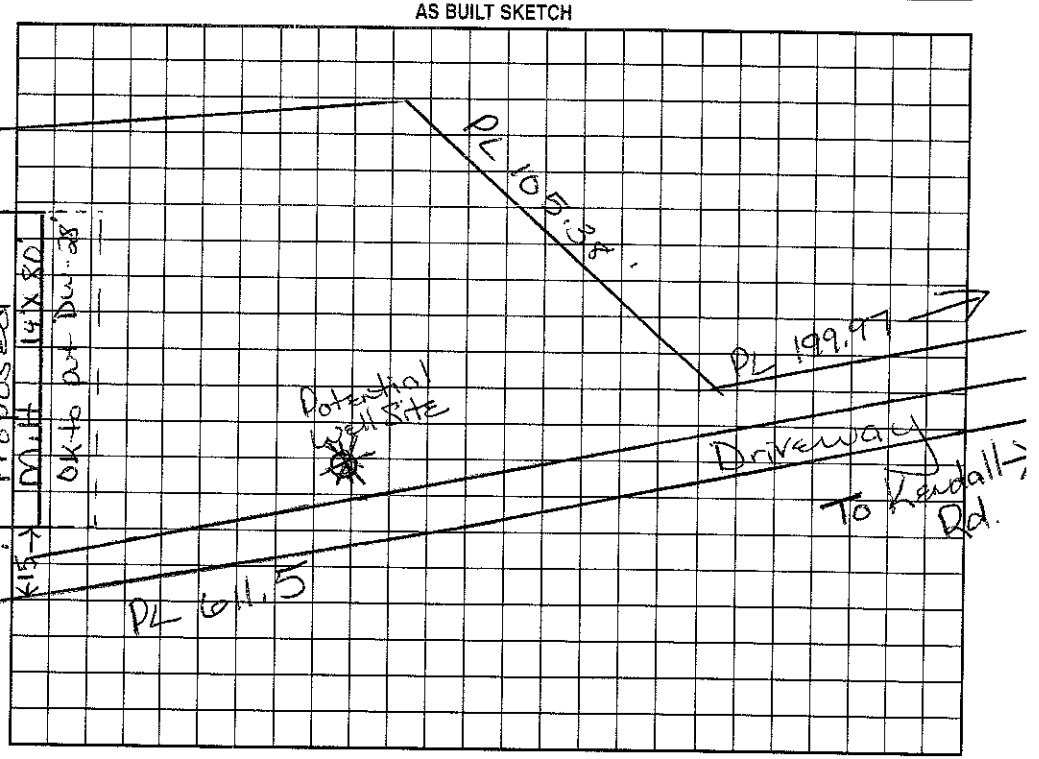
Comments:/Conditions: Filter installed

Installed as Drawn Used "Drop Boxes"

INITIAL SITE SKETCH Scale 1:50



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: Sandra Jones date 10/22/99 Installed by: L & L Development Co

Improvement Permit by: Maria H. Dotson RS date 10/22/99 Operation Permit by: Maria H. Dotson RS date 4/11/2000

Authorization to Construct by: Maria H. Dotson date 10/22/99 Existing System Inspection by: _____ date _____

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