Paid 125.00 300

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89222 PIN# ~~4751 to 1311 Pt.~~ 4750791999 DATE 6/1/00

OWNER OR CONTRACTOR Teresa Newton PHONE: Business 528-0810 Home

ADDRESS 523 Shepherd Rd. Troutman, NC. 28166

LOCATION Overcash Rd, Weathers Creek Tr Overcash. on (L) past Kendall Rd., 3rd on (L)

SUBDIVISION Overcash Estates BLOCK / SECTION LOT 3 LOT AREA > 20,000 Ft² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8/22/00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75'x3' Trench Width 36" Max Trench Bottom Depth 36" ~~Gravel Depth~~ SAND.

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI
System Description: GRAV - HDS on CH. PLASTIC
Repair System Description: ~~SAME~~ 16" PPBS
Maintenance Agreement Required: [ ] Yes [X] No

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

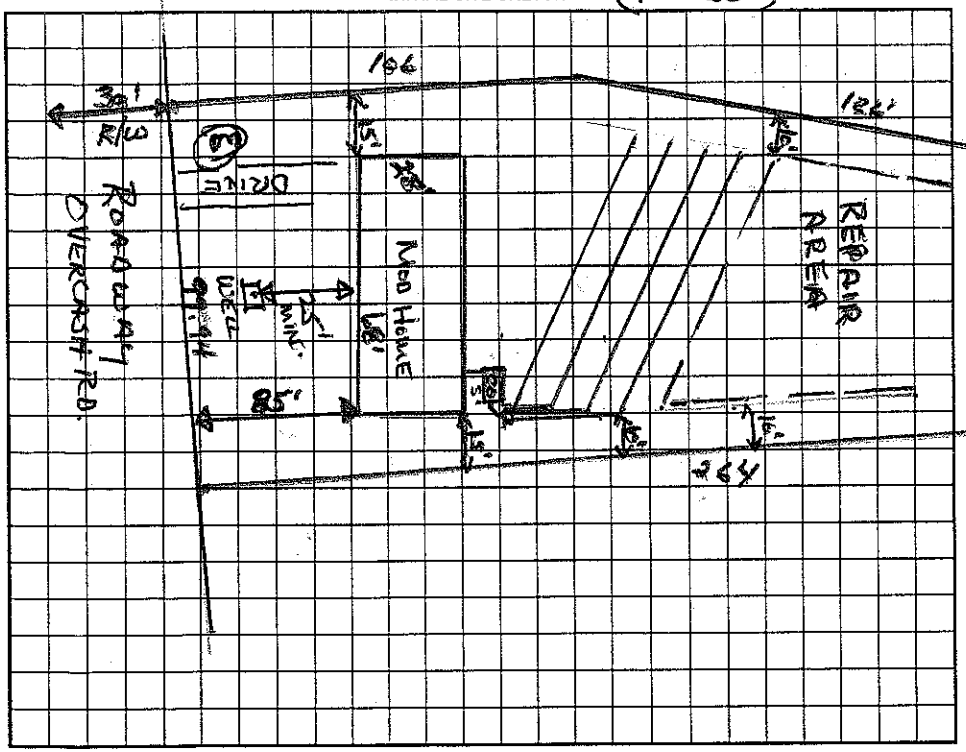
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

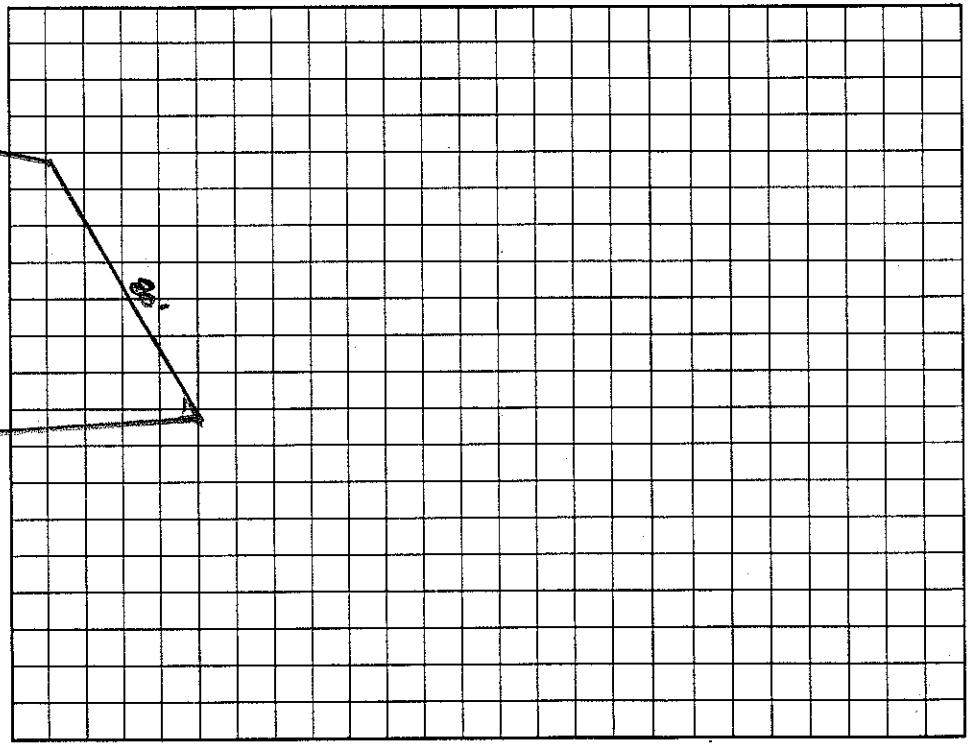
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH (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: X Tracy J. Goodnow date 6-2-00 Installed by: A-1 Backhoe

Improvement Permit by: Wesley Sparks RS. date 6/1/00 Operation Permit by: Wesley Sparks RS. date 10/25/00

Authorization to Construct by: Wesley Sparks RS date 6/1/00 Existing System Inspection by: date

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