IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $130 MOORESVILLE 704-664-5281

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

PERMIT# 110488 PIN# 4750 80 7156 4750 80 7156 DATE 1/6/03

OWNER OR CONTRACTOR Christine Hilliard PHONE: Business 704-824-2990 Home

ADDRESS Shepherd Rd. Troutman, NC. 28166 554 Shepherd Rd

LOCATION 115-21N TR Shepherd Rd. X creek on (R) before Os. County Rd.

SUBDIVISION No BLOCK / SECTION LOT LOT AREA SITE CLASS. PS DESIGN FLOW .360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 11/8/02

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' Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth No

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI

System Description: GRAV - Type 3

Repair System Description: JAME

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

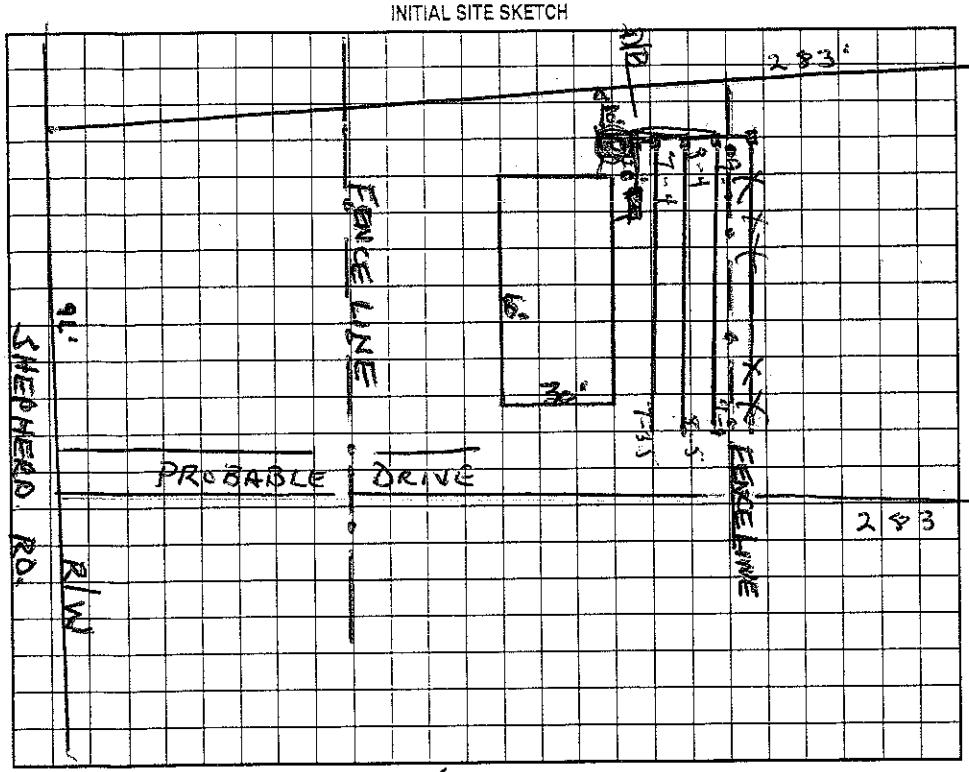
Water Supply: [X] Individual [ ] Public [ ] Community

Mom's

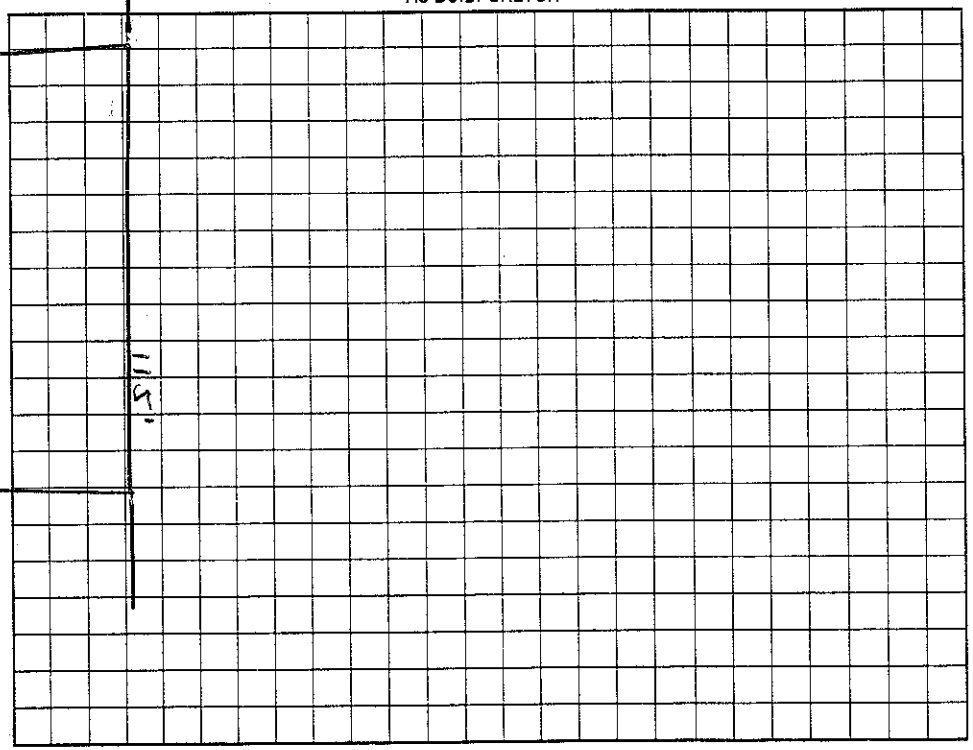
Comments:/Conditions: *25% Reduction Drainfield material Trench depth 30" maximum

Comments:/Conditions: 3@ 100'x3' Infiltration

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: Christine Hilliard date

Improvement Permit by: Wesley Sparks R.S. date 1/6/03

Authorization to Construct by: Wesley Sparks R.S. date 1/6/03

Installed by: Bobs Backhoe

Operation Permit by: Wesley Sparks R.S. date 1/28/03

Existing System Inspection by: date

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