IREDELL COUNTY HEALTH DEPARTMENT

This permit voids previously issued permit dated 7/16/01. CI

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

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

PERMIT# 101257 PIN# 4751-17-2352 DATE 8/11/03

OWNER OR CONTRACTOR Virginia Ward / Penny Tompkins PHONE: Business _____ Home _____

ADDRESS ~~[illegible]~~ 114 Gary Barn Drive Troutman, NC 28166

LOCATION 115 N IR Oswalt Amity, TL Pilot Rd, TL Poor Tree, TR Gary Barn Drive, uphill on Right

SUBDIVISION Kelly Farmstead BLOCK / SECTION 3 LOT 24 LOT AREA ± 40,000 ft² SITE CLASS. 05 DESIGN FLOW 480 L.T.A.R. .30

Septic Tank: 4000 Gallons; STB 1012 Date 2-12-03

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet Eq-1600 Linear Feet 270

No Lines 6 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 6" Sand

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity, 50% Reduction

Repair System Description: Gravity, Pump Up

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ___

☐ Other _____

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

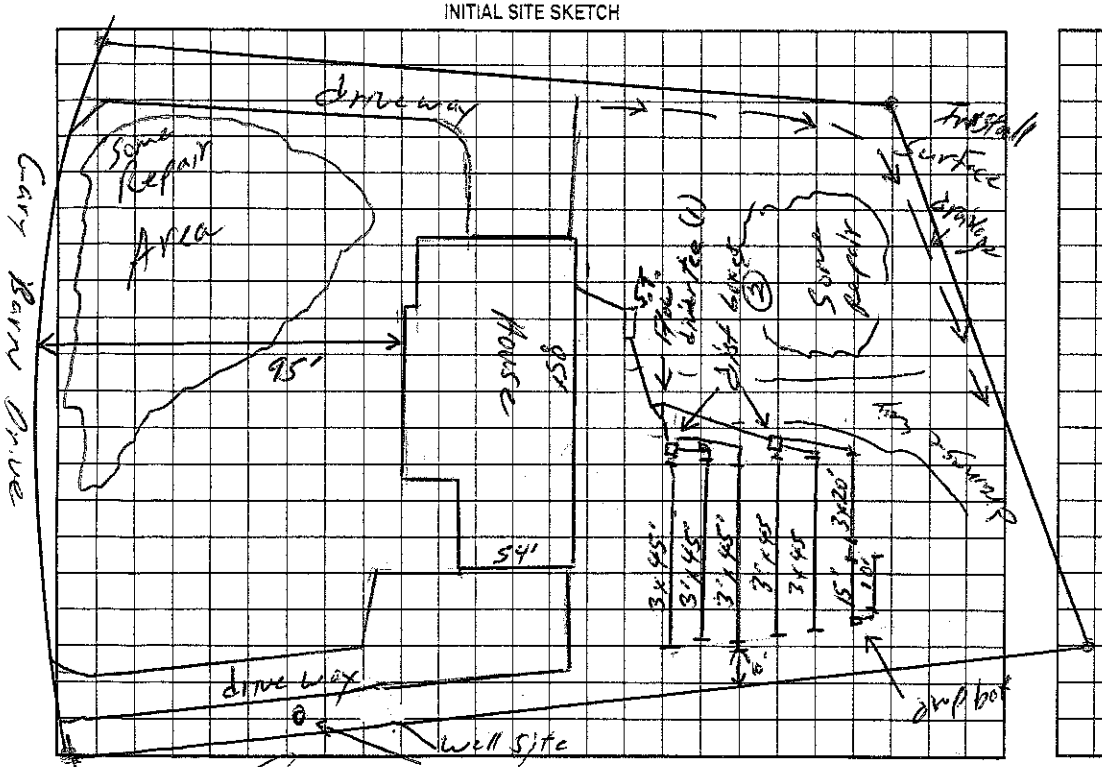
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: ① Install 62 PPBPS sections with one flow divider tee (2) distribution boxes. ② Install surface drainage as shown

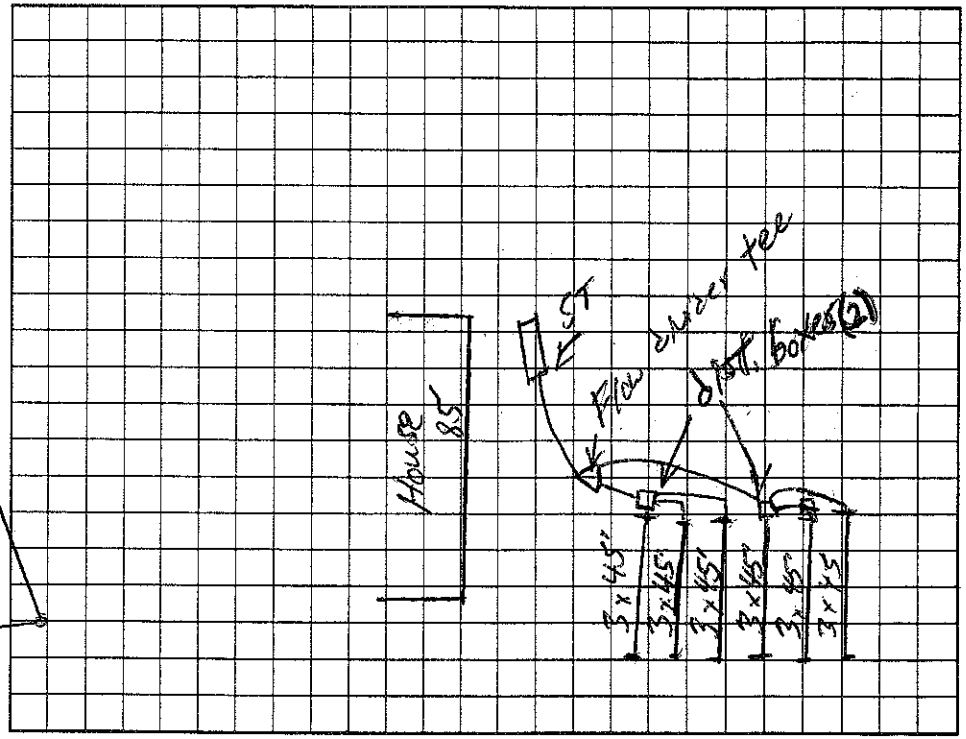
Comments:/Conditions: 1st Cycle Okay - 9/11/03

(bottom line installed over low area)

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: _____ date _____

Improvement Permit by: _____ date 8/11/03

Authorization to Construct by: _____ date 9/11/03

Installed by: Craig Thompson

Operation Permit by: _____ date 9/12/03

Existing System Inspection by: _____ date _____

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