IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111311 PIN# 4751-17-7236 DATE 03/18/03

OWNER OR CONTRACTOR DAWN EBERT PHONE: Business 704-902-6266 Home Scott Brown 704-309-5564

ADDRESS 148 PEAR TREE RD. TROUTMAN, NC 28166

LOCATION I77 SOUTH, (L) AMITY HILL, (R) PD CH, straight to PEAR TREE, (R) GRAY BARN DR., (R) MIDWOOD LN., 2nd LOT ON RIGHT.

SUBDIVISION KELLY FARMSTEAD BLOCK / SECTION 1 LOT 15 LOT AREA 0.679 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 1012 Date 7-29-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 300
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCT., LOW PRESSURE
Maintenance Agreement Required: ☐ Yes X No

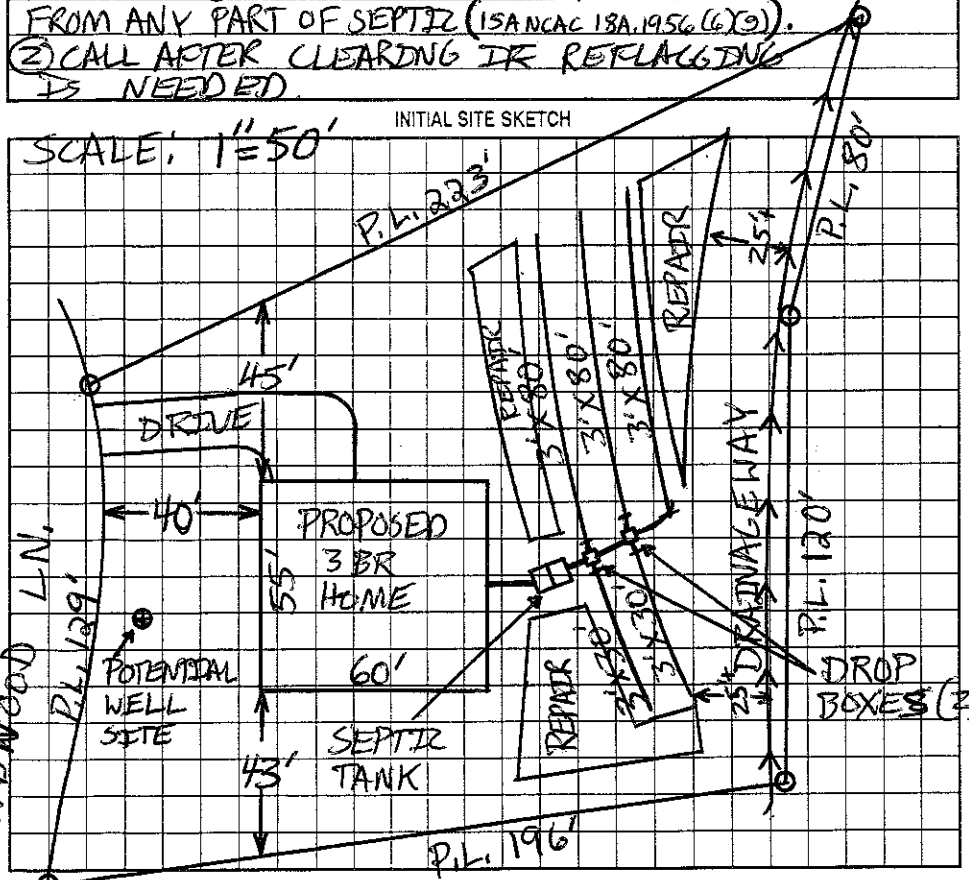
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community
WELL

Comments/Conditions: (1) WELL MUST BE INSTALLED 100' PLUS FROM ANY PART OF SEPTIC (15A NCAC 18A.1956(6)(9)). (2) CALL AFTER CLEARING IF REFLAGGING IS NEEDED.

Comments/Conditions:
- Tuff Type filter Installed
- ST marker

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed As Shown per Initial Site 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: Susan Quehan date 3/19/03 Installed by: Craig Thompson

Improvement Permit by: Patrick Mitchell date 03/18/03 Operation Permit by: William O. Johnson date 9/12/03

Authorization to Construct by: Patrick Mitchell date 03/18/03 Existing System Inspection by: _____ date _____

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