IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089559 PIN# 4751214552 PT 4751 21 4565 DATE 5-22-2000

OWNER OR CONTRACTOR Lisa Newton PHONE: Business Home 528-9258 Home Clayton Homes (John) 873-2547

ADDRESS 208 Franklin Woods Ln Troutman, NC 28166

LOCATION Hwy 115 N of I-77 TR Oswatt Amity Rd TR Franklin Woods at end

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .46 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3+

Septic Tank: 1000 Gallons; STB 1012 Date 3/3/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5 at 80' Trench Width 36" Max Trench Bottom Depth 24-36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - Conventional
Repair System Description Gravity - Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

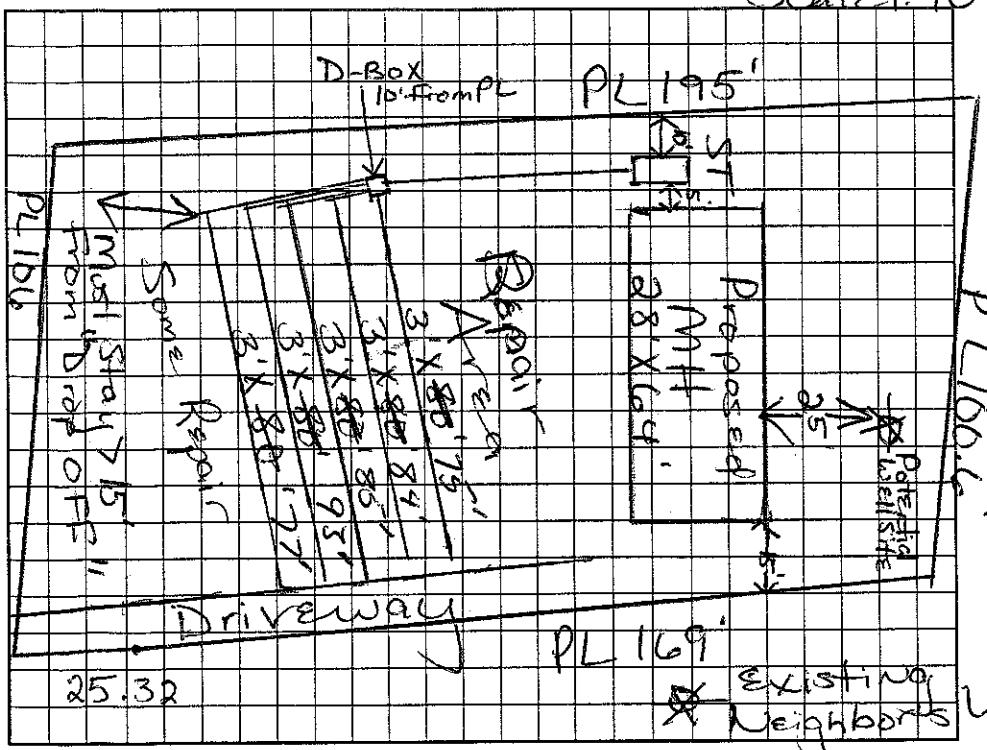
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

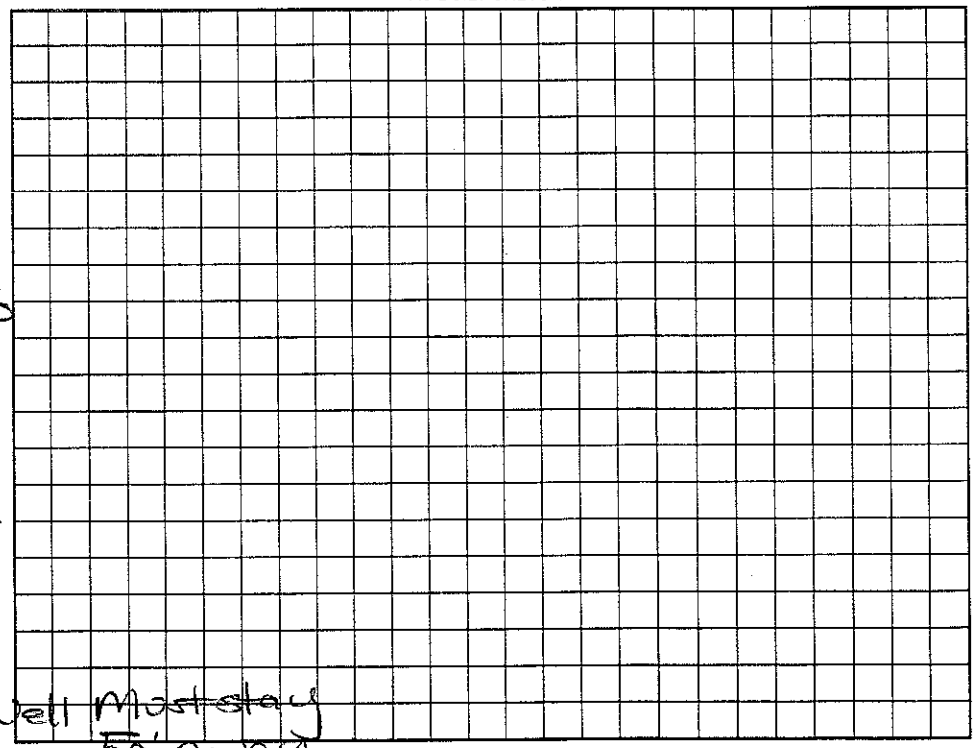
Comments:/Conditions: Keep at least 10' away from PL, 5' from House & 50' to any well

Comments:/Conditions: Well not installed at time of inspection System 60' from Neighbor's well

INITIAL SITE SKETCH Scale 1:40



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: Vicki Day date 5-22-00 Installed by: A-1 Backhoe by Mike RS

Improvement Permit by: Maria H. Dotson RS date 5/22/2000 Operation Permit by: Maria H. Dotson RS date 6/8/2000

Authorization to Construct by: Maria H. Dotson RS date 5/22/2000 Existing System Inspection by: _____ date _____

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

Franklin Woods Ln