IREDELL COUNTY HEALTH DEPARTMENT

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

4:00

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

PERMIT# 091386 PIN# ~~4751 70 1314~~ 4751-60-7369 DATE 8/24/00

OWNER OR CONTRACTOR Teresa Newton PHONE: Business (704) 528-0810 Home

ADDRESS 523 Shepherd RD Troutman NC 28166

LOCATION Oswalt Amity, R Overcash, 1/4 mile on Rt

SUBDIVISION Overcash Est BLOCK / SECTION — LOT #7 LOT AREA 1.744 AC SITE CLASS. PS DESIGN FLOW ~~440~~ 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 1012 Date 10-2-2000

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model 1250 Serial No. 4010

Nitrification Field: No Fields 1 Square Feet ~~1600~~ Linear Feet ~~535~~

No Lines ~~54~~ Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Gravity Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms ~~3~~ 2 No. Bathrooms ~~3~~ 2 No. Employees ____

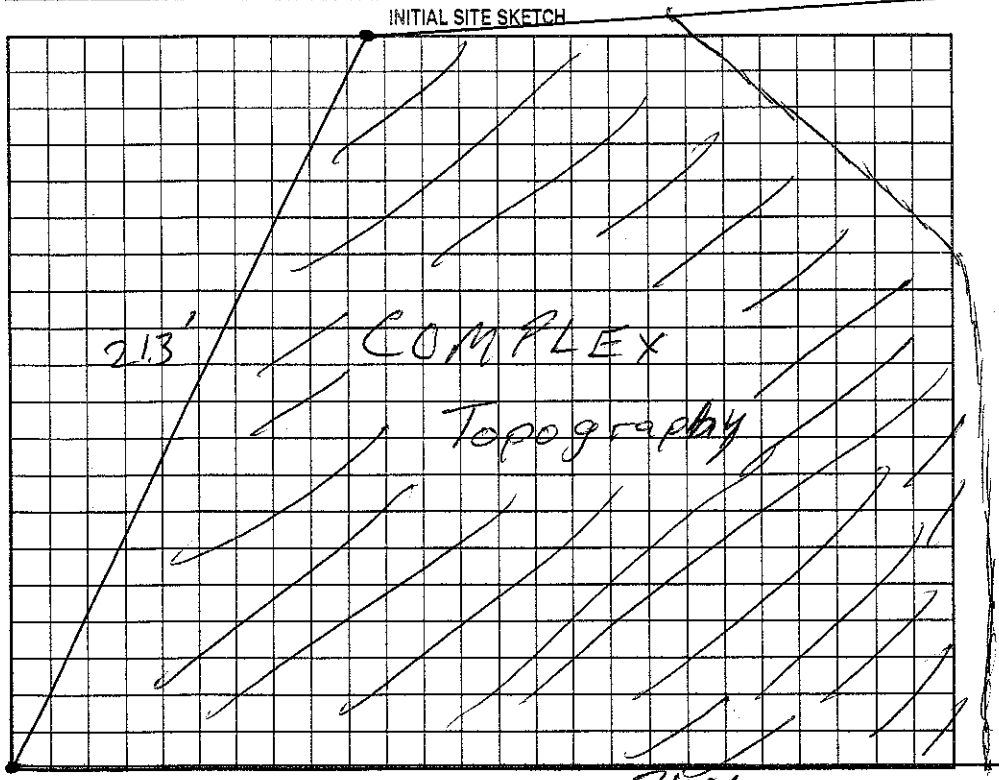
Water Supply: ☒ Individual ☐ Public ☐ Community

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

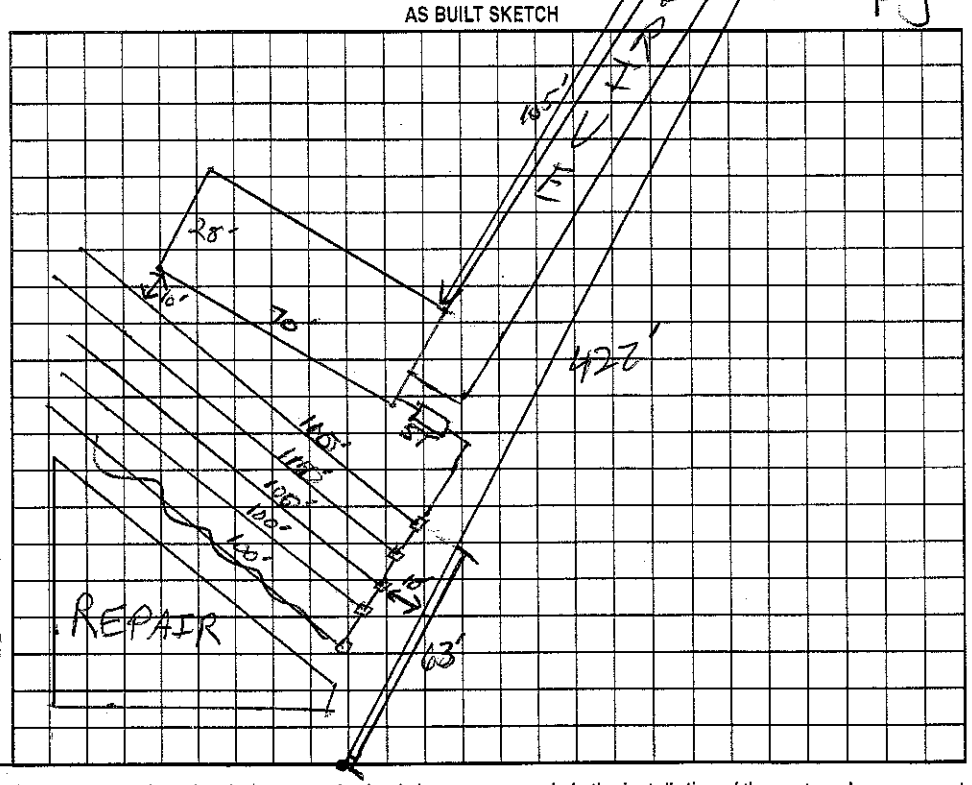
Comments:/Conditions: Keep well 100' from septic system

Comments:/Conditions: Poly lok Filter installed. Well not installed at time of inspection. MH not set up yet.

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: Tracy T. Godrum date 8-25-00 Installed by: A-1 Backhoe

Improvement Permit by: [signature] date 8/24/00 Operation Permit by: Maina M. Dotson RS date 1/4/2001

Authorization to Construct by: [signature] date 8/24/00 Existing System Inspection by: ____ date ____

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