# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094925 PIN# 4752 74 5523 DATE 4/2/01

OWNER OR CONTRACTOR ADRIANNA HERNANDEZ PHONE: Business _____ Home (704) 883-8696

ADDRESS 499 MULDOCK RD., TROUTMAN, NC 28166

LOCATION 70 E, (R) SHILOH RD. (L) CLEMENTS RD 2ND ON (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT ~~EXEMPT~~ LOT AREA 3.2 Ac. SITE CLASS PS DESIGN FLOW ~~440~~ GPD L.T.A.R. .30

Septic Tank: 1000 Gallons: STB 312 Date 6-20-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533'
No Lines 4 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I. (II.) III. IV. V. VI
System Description: CONVENTIONAL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☐ No

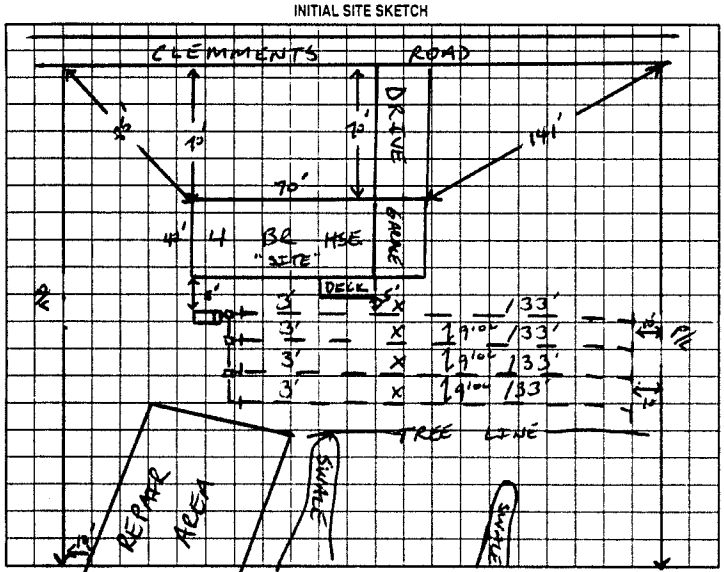
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2.5
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: (1) NO CUTTING OR FILLING OVER DRAINFIELD/REPAIR AREAS (2) KEEP ALL DRAINS AWAY FROM DRAINFIELD/REPAIR AREAS (3) MAINTAIN NOTED SETBACKS (4) INSTALL DRAINLINES UNIFORM AND ON CONTOUR

Comments/Conditions: 7-25-01 - CHECKED TANK & FIRST TWO LINES & COVERED - STARTED POURING RAIN! POLYLOK FILTER & MARKER INSTALLED AS SHOWN

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 4-2-01 Installed by: Mitchell Grading

Improvement Permit by: _____ date 4/2/01 Operation Permit by: _____ date 8-1-01

Authorization to Construct by: _____ date 4/2/01 Existing System Inspection by: _____ date _____

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