IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (21) MOORESVILLE 704-664-5281

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

PERMIT# 119310 PIN# 4757-70-0229 DATE 3-22-04

OWNER OR CONTRACTOR JOSEPH PATRICK KEENAN PHONE: Business 704-634-2069 Home 704-528-1987

ADDRESS 305 WAGNER STREET TROUTMAN, NC 28166

LOCATION US 21 N, TR JANE SOWERS RD, TL BAY MOUNT DRIVE, 0.9 MILE ON RIGHT AT #338

SUBDIVISION BAYMOUNT MEADOWS BLOCK / SECTION ____ LOT — LOT AREA 1.1 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 3-7-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: ~~[illegible]~~ CONVENTIONAL
Repair System Description: 25% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

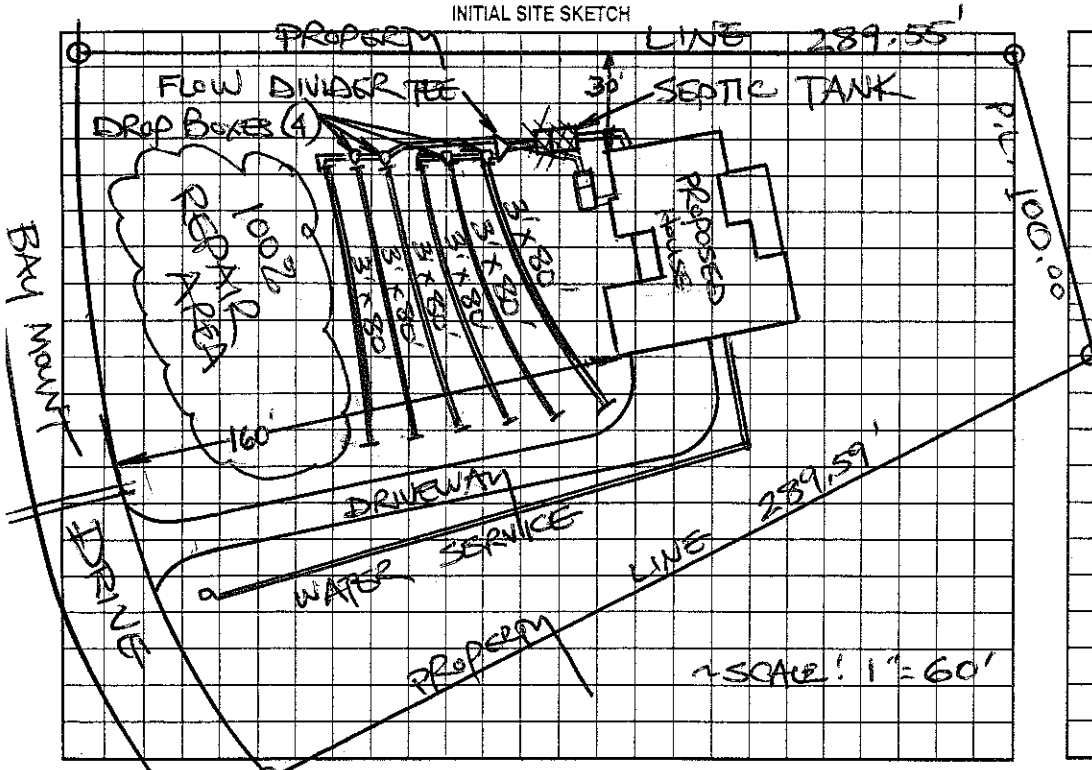
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: ① KEEP SYSTEM MINIMUM 10' FROM WATER LINE.
② CONTACT HEALTH DEPARTMENT AFTER CLEARING & PRIOR TO INSTALLATION TO FLAG-OUT SYSTEM.

Comments:/Conditions: SEPTIC TANK LOCATION ALTERED AS SHOWN WITH PRIOR HEALTH DEPT APPROVAL. SEPTIC TANK WITH MARKER INSTALLED USING "TUFTITE" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL 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: ____ date 3/22/04 Installed by: PIEDMONT BACKHOE

Improvement Permit by: STEVE HEDRICK date 3-22-04 Operation Permit by: STEVE HEDRICK date 8-9-04

Authorization to Construct by: STEVE HEDRICK date 3-22-04 Existing System Inspection by: ____ date ____

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