IREDELL COUNTY HEALTH DEPARTMENT

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

(3:30)

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

PERMIT# 072169 PIN# ~~4760351435~~ 4760 24 0948 DATE 3/12/98

OWNER OR CONTRACTOR ANITA MITCHELL PHONE: Business _____ Home 528-9619

ADDRESS 113 SUGAR CREEK LP. TROUTMAN NC 28166

LOCATION 21N- TR SHINVILLE RD- TL WEATHERS CREEK- CORNER OF SUGAR CREEK LOOP. 1ST CORNER ON RT

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA — SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .3 GPD/FT

Septic Tank: 1000 Gallons; STB 1012 Date 10/14/98
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: GRAVITY CHAMBER FOR HOS
Maintenance Agreement Required: ☐ Yes ☑ No

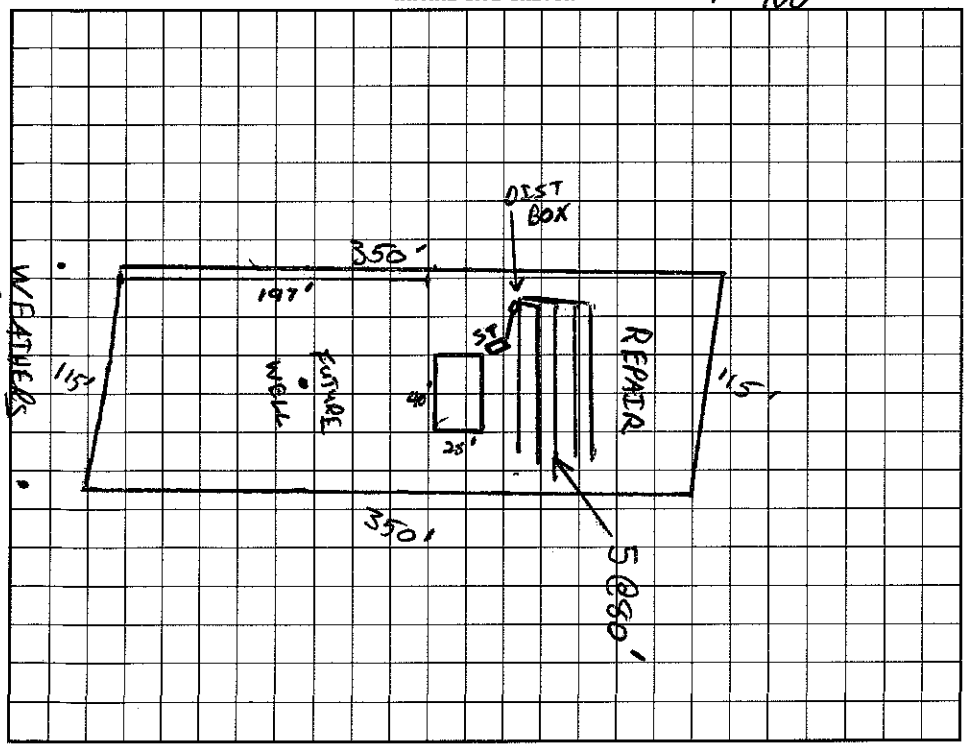
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☑ Individual
☐ Public
☐ Community
FROM NEIGHBOR

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 100'



AS BUILT SKETCH

I understand that this 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: Jack L. Mitchell date _____ Installed by: A-1 BACKHOE

Improvement Permit by: C. [signature] REHS date 3/12/98 Operation Permit by: C. [signature] REHS date 1/5/99

Authorization to Construct by: C. [signature] REHS date 3/12/98 Existing System Inspection by: _____ date _____

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