System Upgrade $125.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088371 PIN# 4760263118 DATE 3/25/00

OWNER OR CONTRACTOR Stephanie Workman PHONE: Business _____ Home 528-9619

ADDRESS 113 Sugar Creek Lp Troutman, NC 28166

LOCATION Hwy 115 TR Houston TL Weathers Creek TR Sugar Creek Lp 1st on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5.91 Acre SITE CLASS. _____ DESIGN FLOW 360 gpd L.T.A.R. _____

Septic Tank: 1000 Gallons; SAT Date _____

Pump Tank: _____ Gallons; PT Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 360' Linear Feet 120'

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

Addition

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

System Description: Gravity-Conventional

Repair System Description: Modified

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

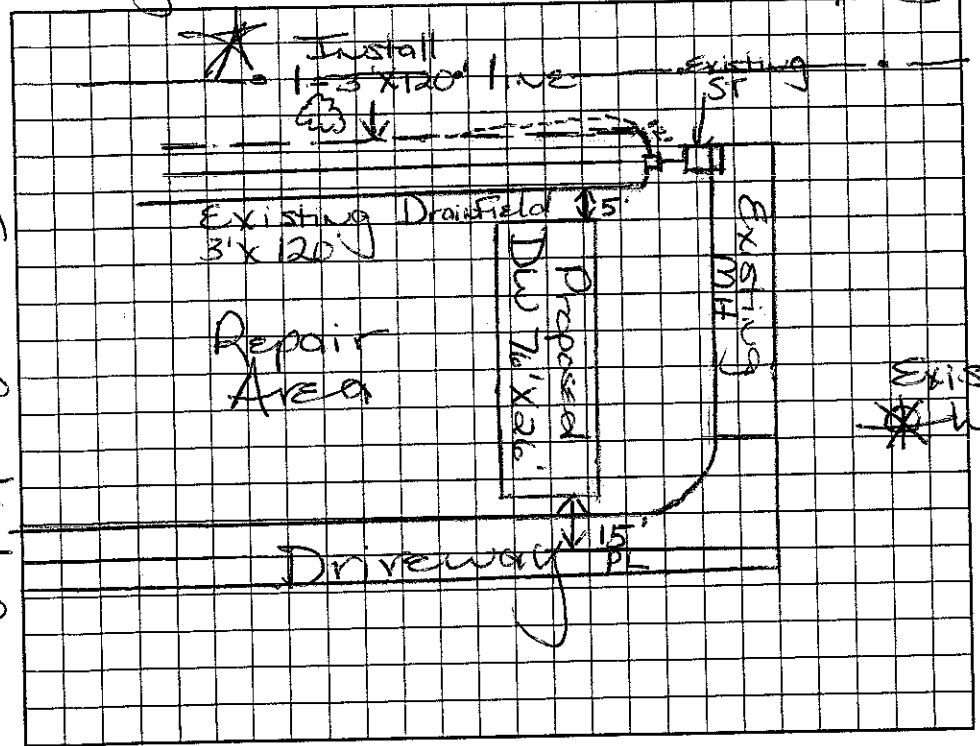
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: ☒ Keep Home at least 5' from Septic System. Existing Septic System Functioning okay, although Existing Trailer partly over Septic Tank

Comments:/Conditions: ☒ Install 1-Drainline 9' on Center from existing line 3'x120' tie into existing Drainfield/D-Box

INITIAL SITE SKETCH Not to Scale



Sugar Creek Lp.

AS BUILT SKETCH Original System installed '84 per owner's permit copy.

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: Grant Mabe date 3/27/00 Installed by: Craig Thompson

Improvement Permit by: Maria H. Dotson RS date 3/25/2000 Operation Permit by: Wesley Sparks RS. date 5/12/00

Authorization to Construct by: Maria H. Dotson RS date 3/25/2000 Existing System Inspection by: _____ date _____

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