IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 147360 PIN # 4761 24 9119 DATE April 29, 2011

OWNER or APPLICANT Troutman Farms of the Carolinas PHONE: Business 704-528-0021 Home: 704-201-6532

OWNER or APPLICANT ADDRESS PO Box 1159 Mooresville NC

LOCATION / DIRECTIONS Hwy 21 N TR Oswalt Amity TR Wheatfield TR Emma Mae on left

SUBDIVISION Wheatfield BLOCK / SECTION 1 LOT # 71 LOT AREA .53Ac. DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft²

Septic Tank 1000 Gallons: STB 786 Date 10-5-10
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Field No Fields 1 No Lines 4 Linear Feet 400
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI
System Description: 25% Reduction Gravity
Repair System Description: LP PPBPS
Maintenance Agreement Required ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

Comments / Conditions: Installed essentially as drawn. Used Quick 4 Used drop boxes on 3 lines

INITIAL SITE SKETCH

See Plan from Michael Athanas & Associates Approved by ECHD

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 5-2-11

Improvement Permit by: Judy Melville REHS Date 4-29-11

Authorization to Construct by: Judy Melville REHS Date 4-29-11

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Adam Mahaffey

Operation Permit by: [signature] Date: 6/23/11

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant