HEMLOCK HAVEN

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 108710 PIN# 4761-98-~~9902~~ 8931 DATE 2-11-03

OWNER OR CONTRACTOR TERESA NEWTON PHONE: Business 704-363-6964 Home 704-528-7120

ADDRESS 525 SHEPHERD ROAD, TROUTMAN NC 28166

LOCATION US 70 E, TR TRIPLETT ROAD, TR HEMLOCK ROAD, 0.6 MILE ON RIGHT

SUBDIVISION ~~WILLIAM C. SWAIM~~ BLOCK / SECTION ____ LOT 9 LOT AREA 1.109 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 08/04/02
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Eq. To 1600 Linear Feet 400
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION, CRAWL
Repair System Description: 25% REDUCTION, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

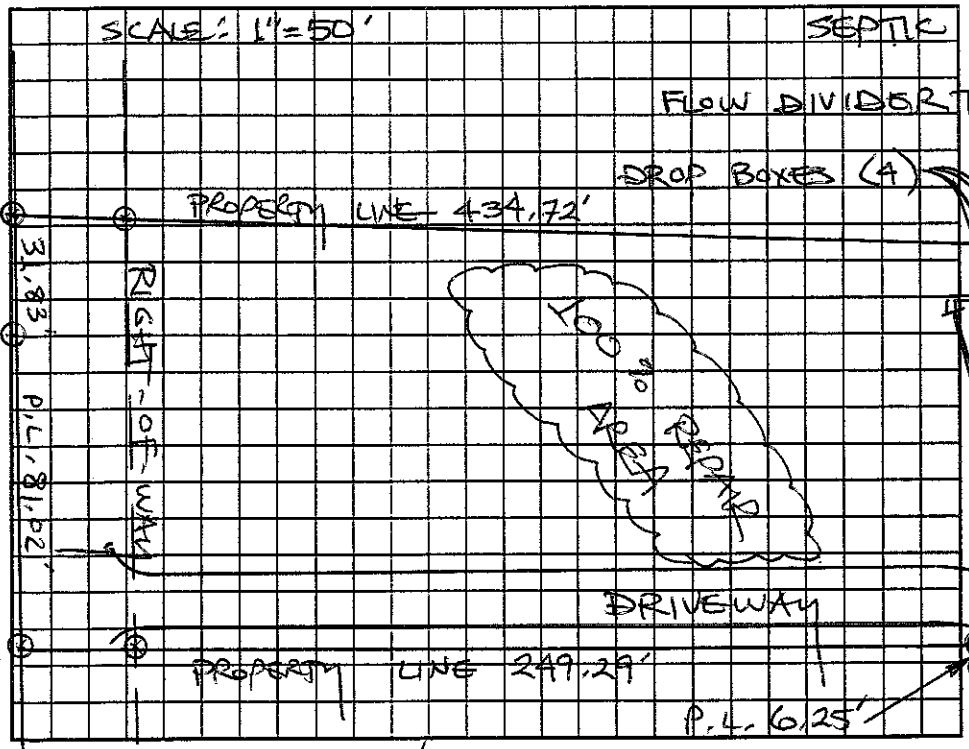
Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

Comments/Conditions: ① KEEP SYSTEM MINIMUM 100 FEET FROM WELL (15A NCAC 18A .1956 (6)(9)). ② INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN.

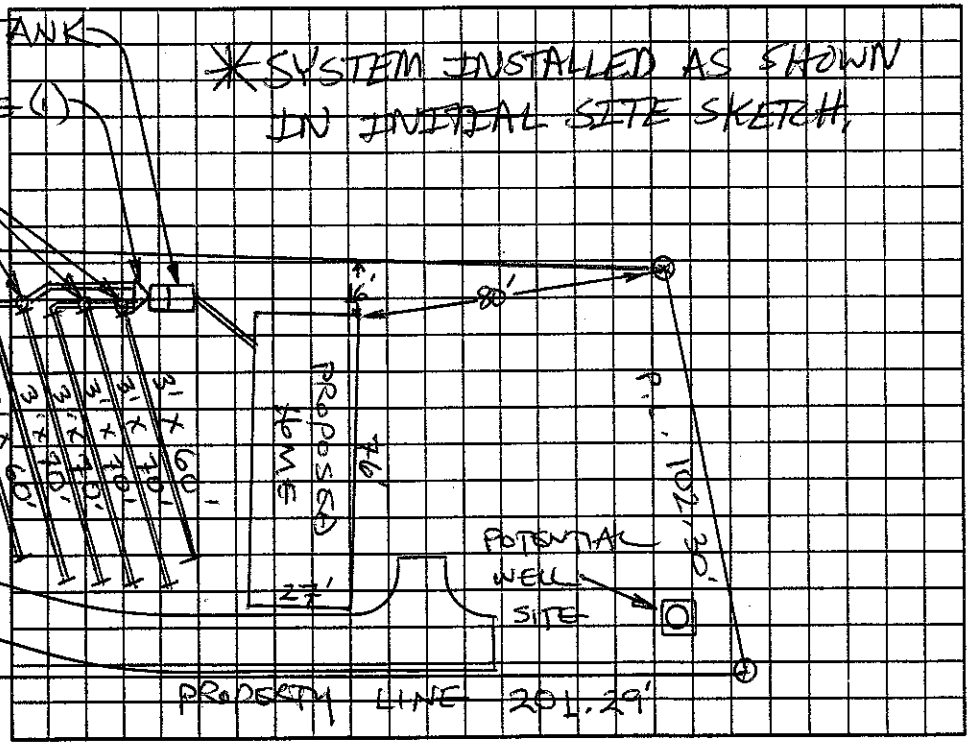
Comments/Conditions: -SEPTIC TANK INSTALLED USING TUFF-TIGHT- FILTER & TANK MARKER.

✱SYSTEM INSTALLED DURING PERIOD OF WET SOIL CONDITIONS.

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: Teresa Newton date ____ Installed by: CRAIG THOMPSON 03/05/03

Improvement Permit by: STEVE HEDRICK date 2-11-03 Operation Permit by: Patrick Mitchell date 03/05/03

Authorization to Construct by: STEVE HEDRICK date 2-11-03 Existing System Inspection by: ____ date ____

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