IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 084005 PIN# 4762217575 (pt.) DATE Nov. 1, 99

OWNER OR CONTRACTOR Piedmont Housing PHONE: Business 528-7120 Home

ADDRESS 1040 Charlotte Hwy Troutman 28166

LOCATION Cinsty Ostwalt Rd. Turn on Bethesda Road approx 1 3/4 mile on left

SUBDIVISION Fair Winds BLOCK / SECTION LOT 13 LOT AREA .4591 Ac SITE CLASS 15 DESIGN FLOW 360 gpd L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 1017 Date 7-13-99
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 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Gravity Conventional
Repair System Description: Gravity Innovative
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

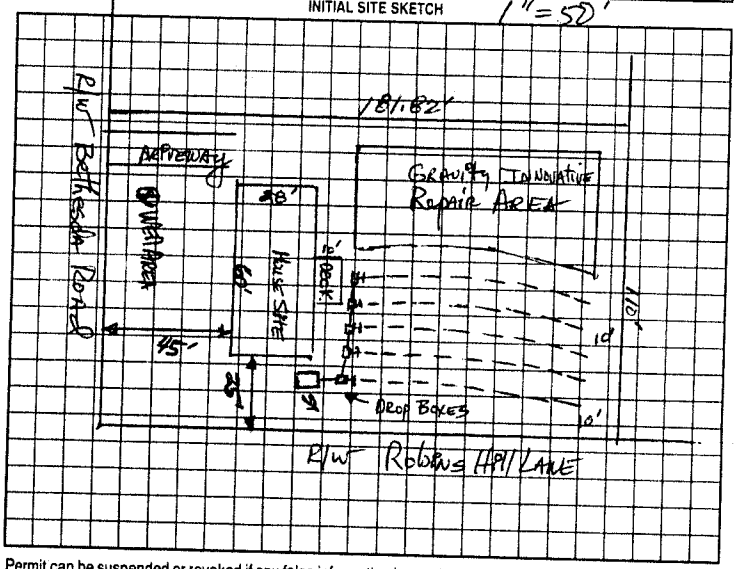
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions: Single D-Box w/ Leveling may be used in place of Drop Boxes. Install Laterals. No shallower than 30" minimum trench bottom depth.

Comments/Conditions:

INITIAL SITE SKETCH 1" = 50'



AS BUILT SKETCH

Same as initial 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: RM Hall date 11-2-99

Improvement Permit by: Mark Robinson, RS date 11-1-99

Authorization to Construct by: Mark Robinson, RS date 11-1-99

Installed by: A-1 Backhoe

Operation Permit by: E.C. Woods date 11-17-99

Existing System Inspection by: date

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