IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 112606 PIN# 4762-42-0449 DATE 05/20/03

OWNER OR CONTRACTOR ROBERT TRIGG PHONE: Business 704-933-7200 Home 704-932-2269

ADDRESS 4403 GREENRIDGE RD. KANNAPOLES, NC 28081

LOCATION HWY 70 EAST (R) BETHESDA RD., (L) HICKORYNUT, 2nd LOT ON RIGHT.

SUBDIVISION LAUREL GROVE BLOCK / SECTION _____ LOT 57 LOT AREA 1.03 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1,600 Gallons; STB 350 Date 05/01/03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1,440 Linear Feet 480
No Lines 5@96' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: PUMP, 25% REDUC.
Maintenance Agreement Required: ☐ Yes ☒ No

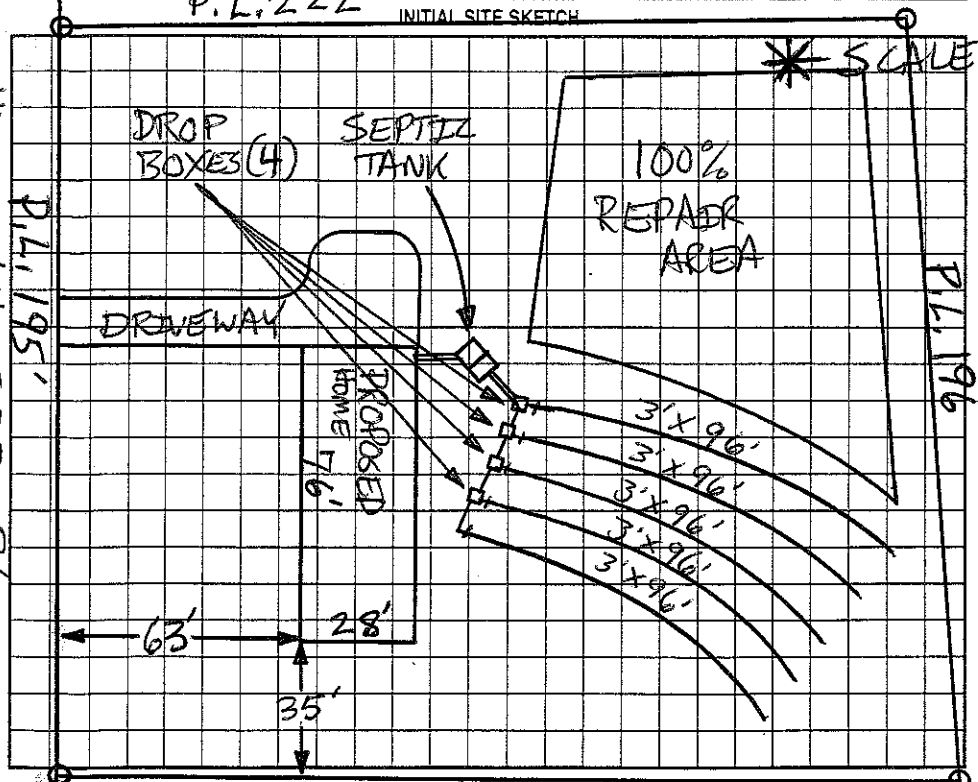
☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

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

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions:

-SEPTIC TANK INSTALLED USING ZABEL FILTER & TANK MARKER.

AS BUILT SKETCH

*SYSTEM INSTALLED AS SHOWN IN INITIAL SITE 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: Carl Bandschaw date _____ Installed by: PIEDMONT SEPTIC

Improvement Permit by: Patrick Mitchell date 05/20/03 Operation Permit by: Patrick Mitchell date 06/13/03

Authorization to Construct by: Patrick Mitchell date 05/20/03 Existing System Inspection by: _____ date _____

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