IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 113270 PIN# 4770 28 7663 DATE 7/9/03

OWNER OR CONTRACTOR Tamara Sheridan PHONE: Business _____ Home 704-528-3367

ADDRESS 1368 Triplett Rd. Cleveland, NC. 27013

LOCATION 801 N TL Triplett Rd X creek, a 1 mile on (L), behind 1374 (1396 Triplett Rd.) property

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA 1.5 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Date 6/3/03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360
No Lines 3@120' Trench Width 3' Max Trench Bottom Depth 32" Gravel Depth N/O

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI
System Description: GRAVITY - TYPE 3 DRAINFIELD
Repair System Description: SAME
Maintenance Agreement Required: [ ] Yes [X] No

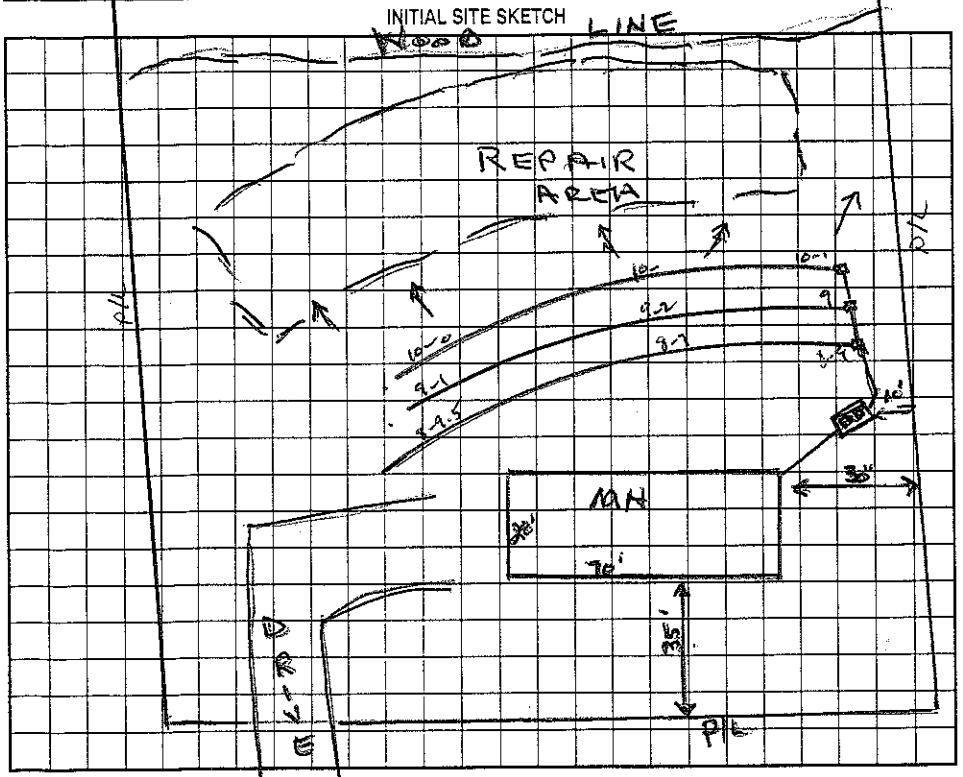
[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2.5
[ ] Business No. Employees ____
[ ] Other _____
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply:
[X] Individual
[ ] Public
[ ] Community
FATHERS

Comments/Conditions:

Comments/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: Tamara Sheridan date 7-10-03

Improvement Permit by: Wesley Sparks R.S. date 7/9/03

Authorization to Construct by: Wesley Sparks R.S. date 7/9/03

Installed by: Tim Ammons

Operation Permit by: Wesley Sparks R.S. date 9/9/03

Existing System Inspection by: _____ date _____

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