IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C) MOORESVILLE 704-664-5281

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

PERMIT# 120533 PIN# 4773-50-8024 DATE 5-17-04

OWNER OR CONTRACTOR LUV HOMES OF TROUTMAN PHONE: Business 704-528-0898 Home 704-878-8877

ADDRESS 1036 CHARLOTTE HWY, TROUTMAN, NC 28116

LOCATION US 70 EAST TR TRIPLETT ROAD, RR BROWN FARMS DRIVE, 1ST LOT ON RIGHT

SUBDIVISION J.R. BROWN FARMS BLOCK / SECTION ____ LOT 4 LOT AREA 0.46 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPA/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 10-19-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet RE-TO 1200 Linear Feet 200

No Lines FOUR Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth SAND 24"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: 50% REDUCTION, CAPTIVE

Repair System Description: 50% REDUCTION, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

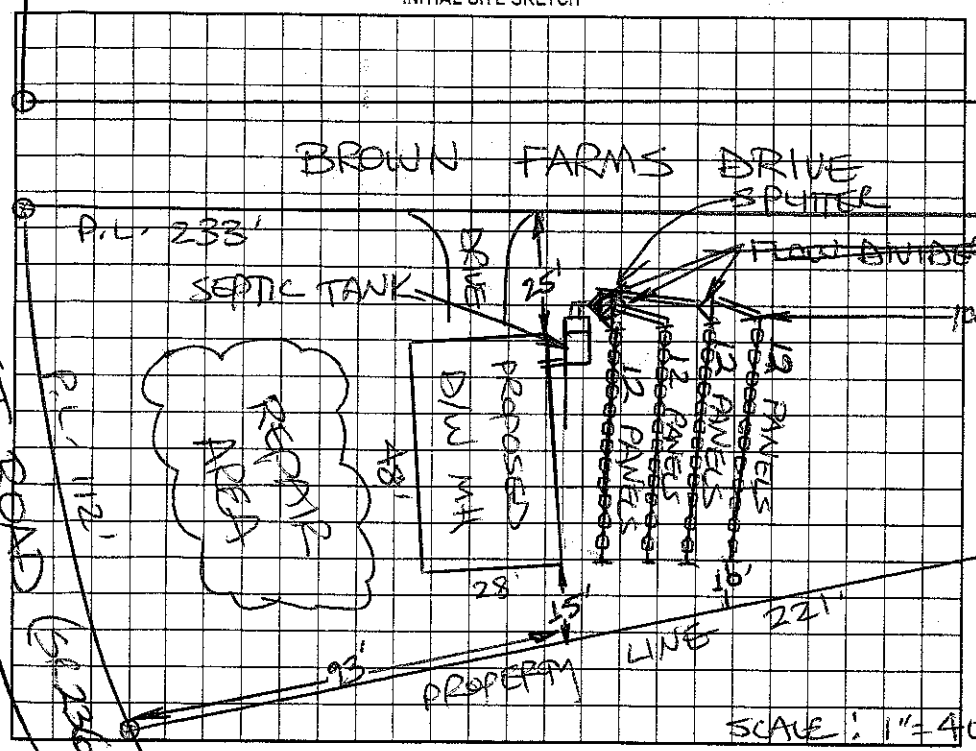
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

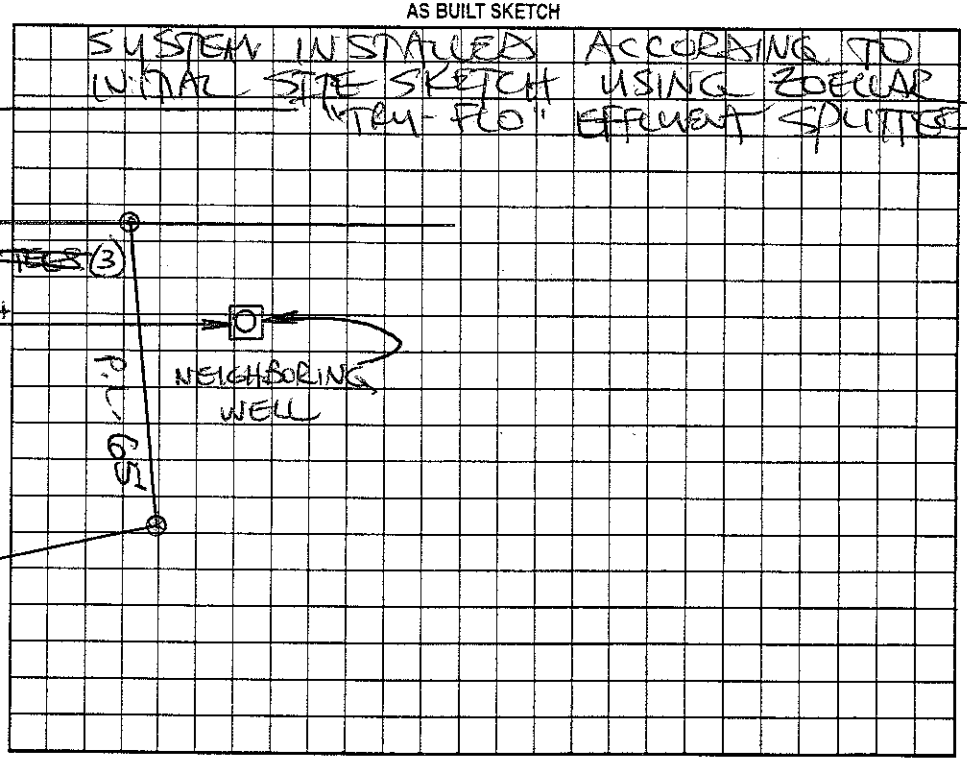
Comments/Conditions: ① USE THREE FLOW DIVIDER TEES OR ONE EFFLUENT SPLITTER (SUCH AS "ZOECAR TRY-FLO") TO ACHIEVE EQUAL DISTRIBUTION ② INSTALL 50% REDUCTION SYSTEM USING 48 PPBS PANELS

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "THITE" FIGER

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: ____ date ____

Improvement Permit by: STEVE HEDRICK date 5-17-04

Authorization to Construct by: STEVE HEDRICK date 5-17-04

Installed by: A-1 BACKHOE

Operation Permit by: STEVE HEDRICK date 5-25-04

Existing System Inspection by: ____ date ____

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