IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 123132 PIN# 4775-05-8350 DATE 9-28-04

OWNER OR CONTRACTOR CHRISTOPHER K. SHAW PHONE: Business 704-902-0085 Home 704-902-0086

ADDRESS 746 OSTWALT AMITY ROAD, TROUTMAN, NC 28166

LOCATION US64 EAST TL SAIN ROAD, TL SPRING FOREST DR, TL 2ND HOWARD POND LOOP, 2ND LOT ON LEFT

SUBDIVISION SPRING FOREST BLOCK / SECTION ____ LOT 60 LOT AREA 0.744 AC± SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 7-14-05

Pump Tank: 1000 Gallons; PT 774 Date 7-14-05

Pump Make: GOULDS Model WE0512HHU Serial No. E0554443

Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 480

No Lines SEVEN 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, PUMP

Repair System Description: 50% REDUCTION, LOW-PRESSURE

Maintenance Agreement Required: ☐ Yes ☑ No ☐ Other

☑ House/Mod. Home ☐ Mobile Home ☐ Business

No. Bedrooms 4 No. Bathrooms ____ No. Employees ____

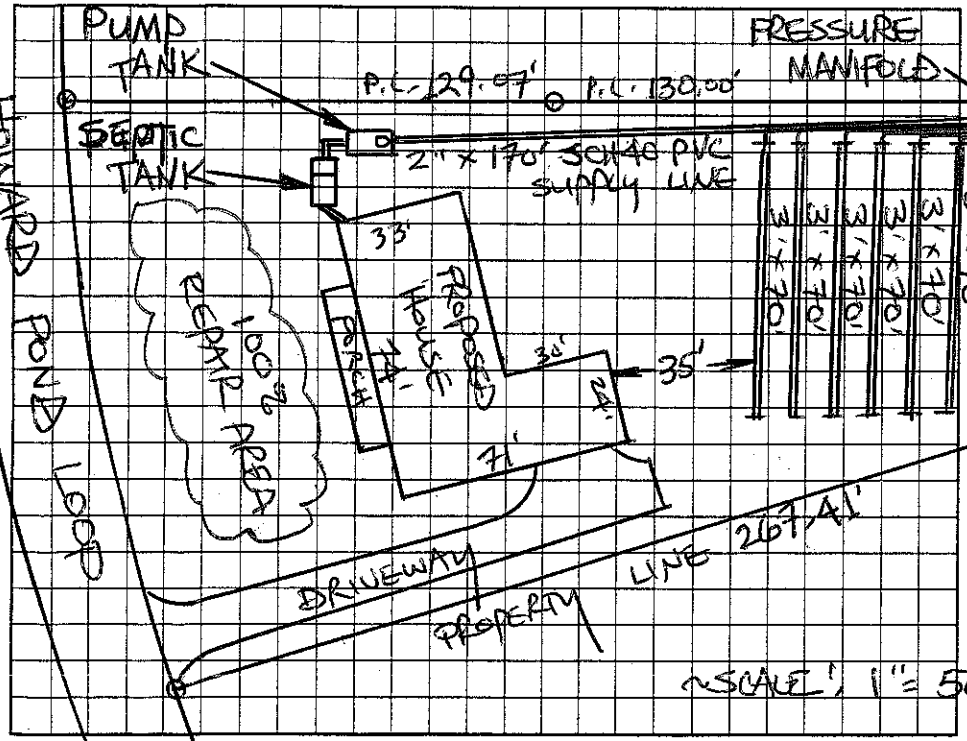
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: ① INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS SHOWN ② SEE ATTACHED SHEETS FOR PUMP & PRESSURE MANIFOLD REQUIREMENTS

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH USING "EZ-FLOW" H SECTIONS

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: [signature] date 9-29-04 Installed by: JAMES HUNTER

Improvement Permit by: STEVE HEDRICK date 9-28-04 Operation Permit by: STEVE HEDRICK date 9-28-05

Authorization to Construct by: STEVE HEDRICK date ____ Existing System Inspection by: ____ date ____

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