IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 90421 PIN# 4776 82 2188 DATE 7-20-00

OWNER OR CONTRACTOR D & D Enterprizes PHONE: Business 528 6192 Home

ADDRESS PO Box 252 Troutman, N.C. 28166

LOCATION 64E TL Swann Rd TR Poplar Leaf Towards cntn on left

SUBDIVISION Fifth Creek Est. BLOCK / SECTION LOT 9 LOT AREA .19 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4-7-01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 3 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Conv. Gravity/Shallow
Repair System Description: " " "
Maintenance Agreement Required: ☐ Yes ☑ No

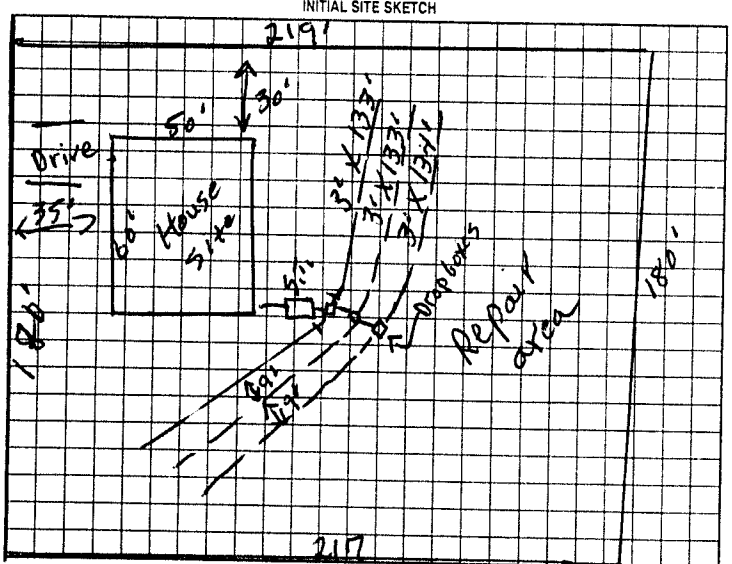
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

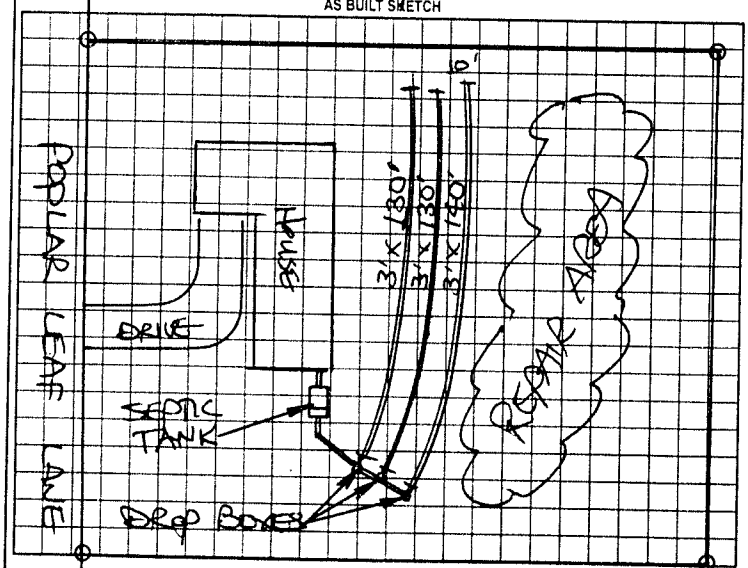
Comments/Conditions:

Comments/Conditions ① SYSTEM ALTERED AS SHOWN BELOW WITH PRIOR HEALTH DEPARTMENT APPROVAL ② SEPTIC TANK WITH MARKER INSTALLED USING "POLYLOK" FILTER

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 _____ Installed by: Tommy Frye

Improvement Permit by: P.C. Moore date 7-20-00 Operation Permit by: Steve Hedrick date 8-10-01

Authorization to Construct by: P.C. Moore date 7-20-00 Existing System Inspection by: _____ date _____

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