IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PREVIOUS ISSUED 4-30-04

STATESVILLE 704-878-5305 (1) MOORESVILLE 704-664-5281

(1) IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 120475 PIN# 4798-18-~~5879-001~~ 9824 DATE 5-13-04

OWNER OR CONTRACTOR EXPRESSION HOMES PHONE: Business 704-528-7960 Home 704-528-7785

ADDRESS 1042 CHARLOTTE HWY, TROUTMAN, NC 28166

LOCATION US 21 NORTH, TR NC 901, TR HAYES FARM RD, 0.4 MILE ON RIGHT

SUBDIVISION JAMES L. GAITHER BLOCK / SECTION ____ LOT ~~32~~ (5) LOT AREA 1.836 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.20 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 2-22-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ-P 1800 Linear Feet 450
No Lines SIX Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, LOW PRESSURE
Maintenance Agreement Required: ☐ Yes ☒ No

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

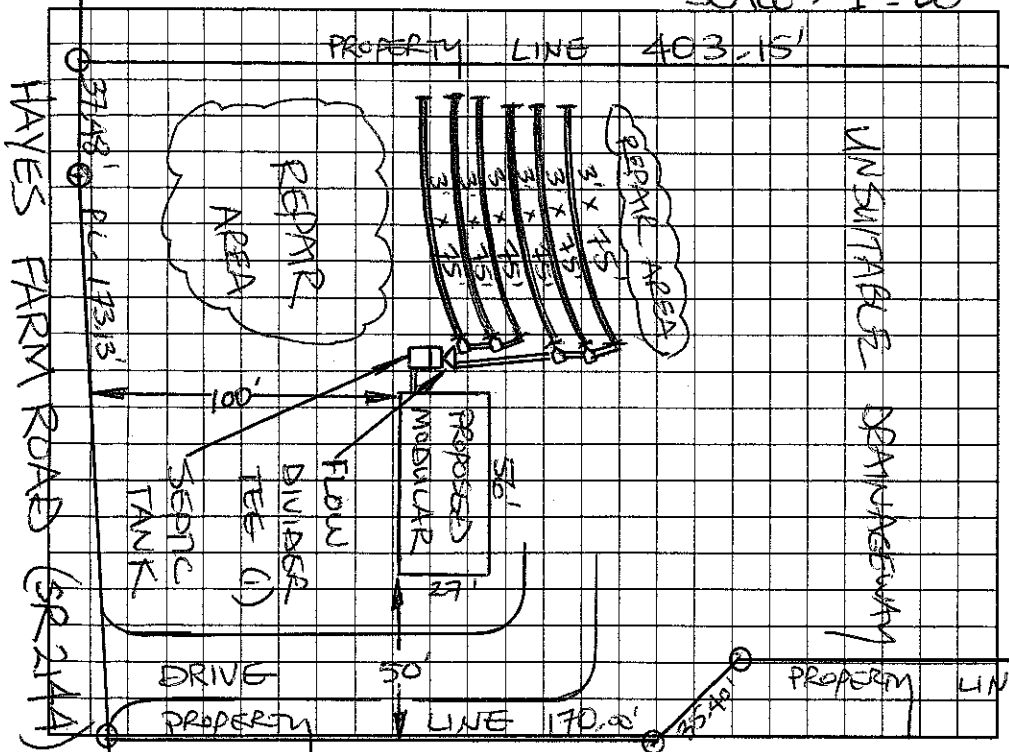
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community
WELL

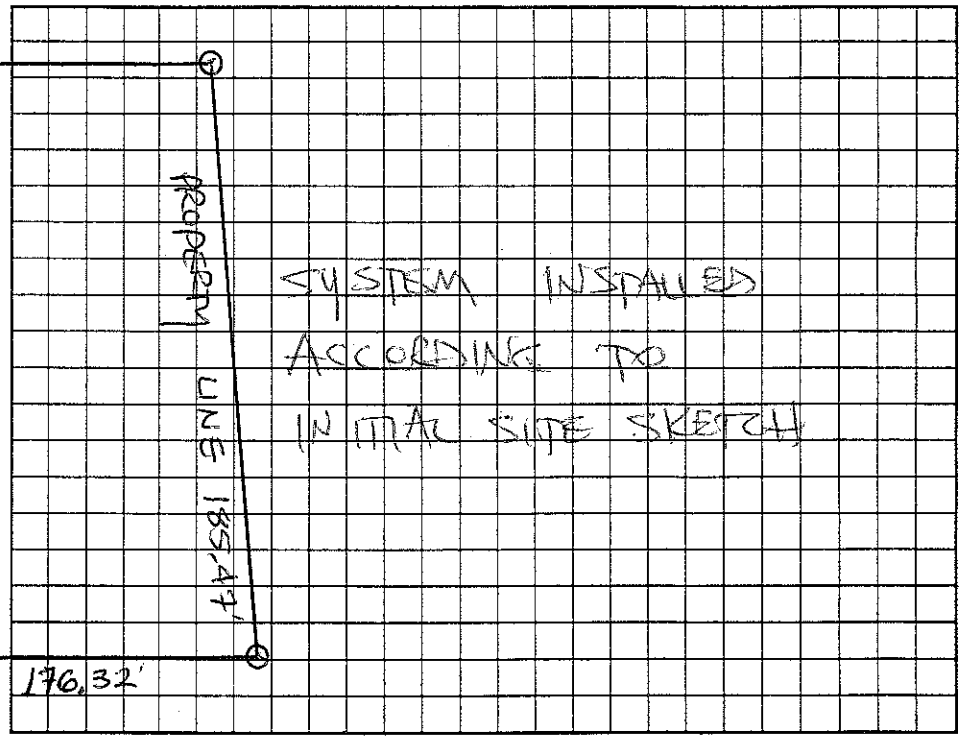
Comments:/Conditions: (1) KEEP SYSTEM MINIMUM 100' FROM WELL
(2) INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED
(3) USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO SETS OF DROP BOXES.

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

INITIAL SITE SKETCH SCALE: 1" = 60'



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 5/17/04 Installed by: CRAIG THOMPSON

Improvement Permit by: STEVE HEDRICK date 5-13-04 Operation Permit by: STEVE HEDRICK date 7-13-04

Authorization to Construct by: STEVE HEDRICK date 5-13-04 Existing System Inspection by: ____ date ____

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