IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 123663 PIN# 4810-39-2069 DATE 8-30-04

OWNER OR CONTRACTOR TOMMY & KARA STEADMAN PHONE: Business (704) 902-4431 Home (704) 528-2366

ADDRESS 122 NUTMEG LN TROUTMAN 28166

LOCATION 115N TL MTN. VIEW RD TL CATTLEMANS RD 2ND DRIVEWAY ON RIGHT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.0 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35 EXIST

Septic Tank: 1000 EX Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet EX. 345

No Lines 3 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: CONVENTIONAL GRAVITY

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other FUTURE 3 BR HOUSE

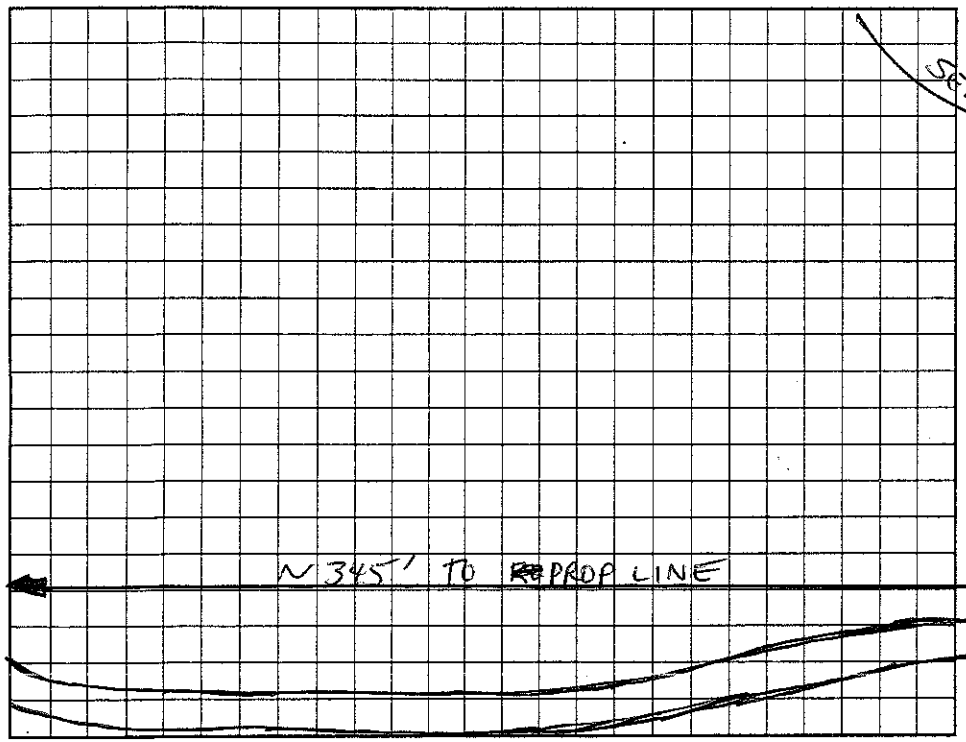
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community EXISTING

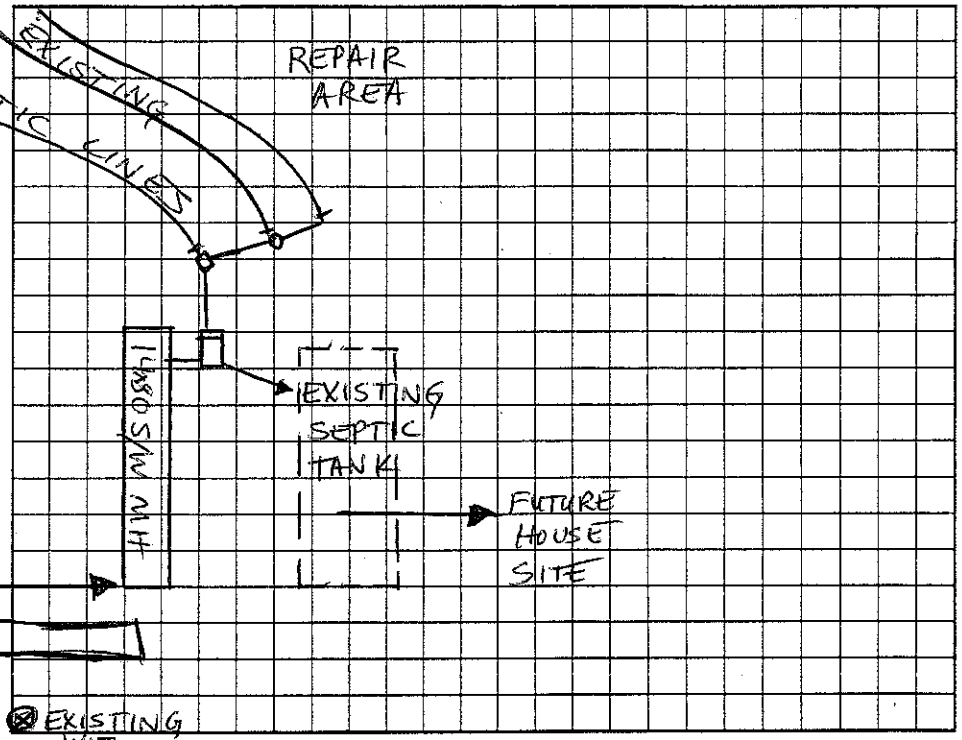
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH SCALE 1"=60'



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: Tommy Steadman date 8-30-04 Installed by: WES LYTTON

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Christopher M. Shue, LS date 8-30-04

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