IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 121163 PIN# 4811-77-3393 DATE 6/23/04

OWNER OR CONTRACTOR Michael Smith PHONE: Business _____ Home (704) 528-1183

ADDRESS 336 Hicks Creek Rd. Troutman NC 28166

LOCATION 115N Past Central Fire Dept. TL Brookhaven Go ~1mi at 412 Brookhaven / property on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 20 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons; STB 312 Date 7-6-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth ~~22~~ 24" Gravel Depth 12"

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

System Description: Conv. Gravity

Repair System Description: Pump Conventional

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

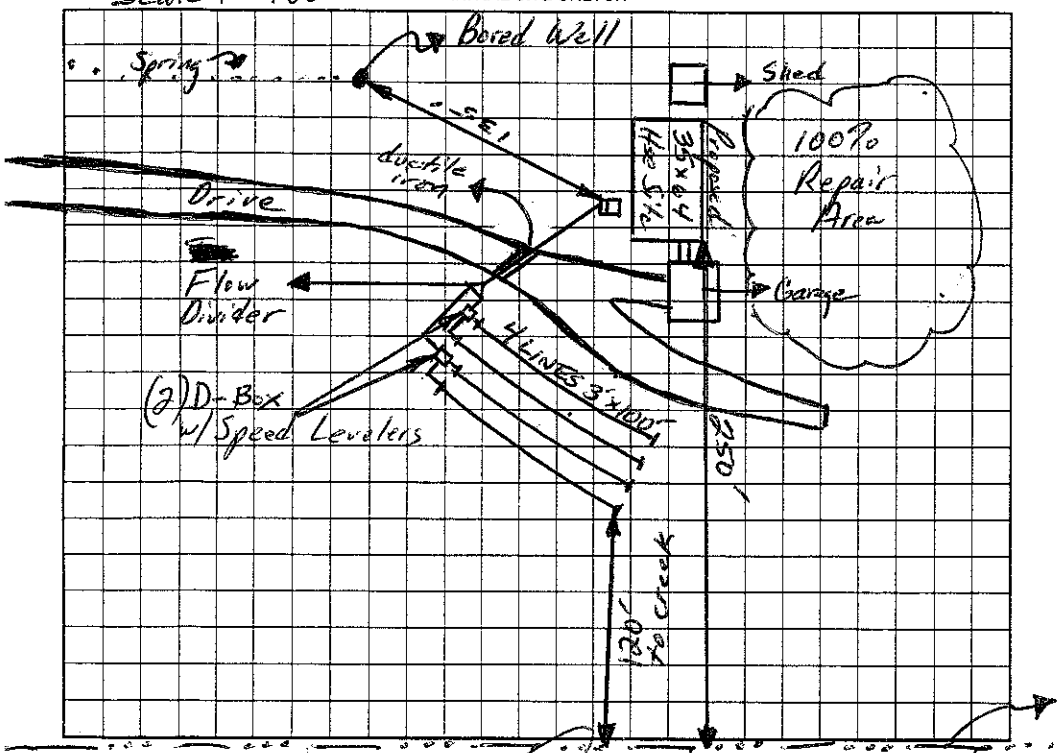
Water Supply: ☑ Individual ☐ Public ☐ Community Well

Comments/Conditions: (1) Install lines 18" on contour (2) Supply line will need to be encased in ductile iron where it crosses road (3) Need to maintain 100' setback from well

Comments/Conditions: (1) ZABEL FILTER (2) #5 STONE

Scale 1"=100'

INITIAL SITE SKETCH



AS BUILT SKETCH

System installed according to sketch

Creek

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 6-24-04 Installed by: KENNY MADISON

Improvement Permit by: Christopher M. Shell, LS date 6-23-04 Operation Permit by: Christopher M. Shell, LS date 8-10-04

Authorization to Construct by: Christopher M. Shell, LS date 6-23-04 Existing System Inspection by: _____ date _____

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