IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 09330 PIN# 4851 44 2981 DATE 12-15-00

OWNER OR CONTRACTOR BARRY ALAN SLOAN PHONE: Business _____ Home 528-4396

ADDRESS 491 PILCH ROAD, TROUTMAN, NC 28166

LOCATION I-77 N, TL NC901, TL SLOANS MILL RD, TL COWDEN FORD RD, 0.1 MILE ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.9 ACRES SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: ST8 1012 Date 3-15-02 ☑ New System ☐ Repair System Type: I (II) III. IV. V. VI

Pump Tank: _____ Gallons: PT _____ Date _____ System Description: CONVENTIONAL GRAVITY

Pump Make: _____ Model _____ Serial No. _____ Repair System Description: CONVENTIONAL PUMP

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533 Maintenance Agreement Required: ☐ Yes ☑ No

No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 4

☑ Mobile Home No. Bathrooms 1½

☐ Business No. Employees _____

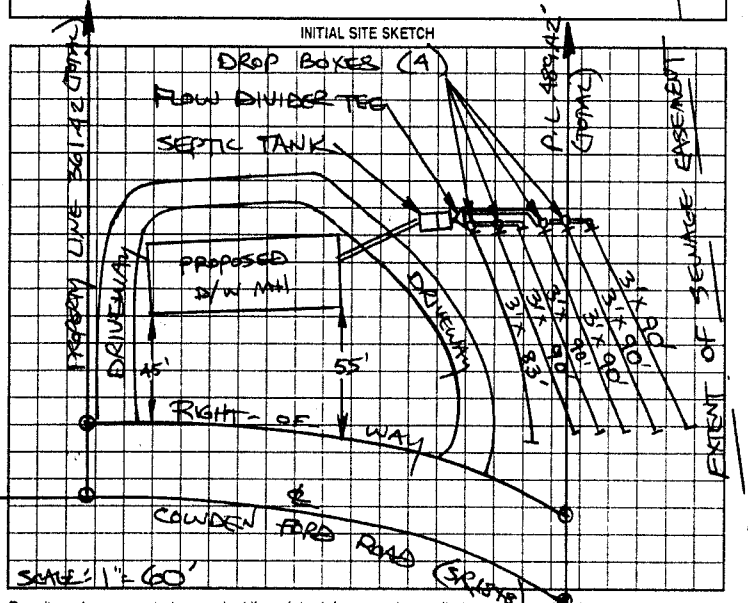
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions: EASEMENT ONTO FATHER'S PROPERTY SHALL BE RECORDED WITH THE REGISTER OF DEEDS OF IREDELL COUNTY PRIOR TO ISSUANCE OF OPERATION PERMIT

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Barry Alan Sloan date 12-15-00 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 12-15-00 Operation Permit by: STEVE HEDRICK date 9-4-02

Authorization to Construct by: STEVE HEDRICK date 12-15-00 Existing System Inspection by: _____ date _____

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