IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13624I PIN# 4872154121 5112 DATE 7-26-06

OWNER OR APPLICANT Allison Vintimisson (realtor) Richard Vanderstine PHONE: Business 704 701 2680 Home 704 701 4558

ADDRESS Troy Mill Rd.

LOCATION 77N to exit 65 right 901, left Eagle Mills (R) on Houstonville, left on Troy Mill

SUBDIVISION n/a BLOCK / SECTION n/a LOT n/a LOT AREA ~~2.0~~ Ac. 4.475 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet ~~600~~ 533

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

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

System Description: Conventional Gravity

Repair System Description: Conventional Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms ~~3~~ 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

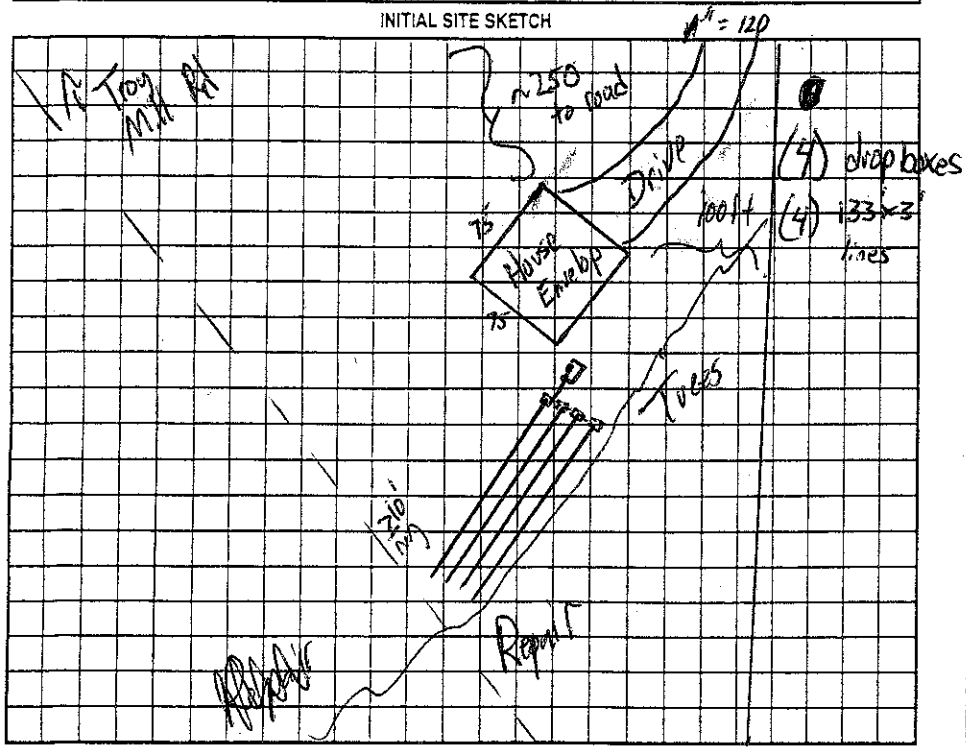
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

An approved system may also be used

Comments:/Conditions:

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: [signature] date 01/18/07 Installed by: Steve Jordan

Improvement Permit by: [signature] date 7-26-06 Operation Permit by: James Stewart date 11-18-08

Authorization to Construct by: [signature] date 7-26-06 Existing System Inspection by: ____ date ____

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