IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 76322 PIN# 4629-50-7515 DATE 1-15-99

OWNER OR CONTRACTOR John H Ferguson PHONE: Business _____ Home 8722278

ADDRESS 219 Penicilin Point Troutman, N.C.

LOCATION State Rt Rd The Morrison Fam Rd. IR Penicillin Pt at end on left

SUBDIVISION Lakeviewacres BLOCK / SECTION _____ LOT 28 LOT AREA .45 SITE CLASS P5 DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EX Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____

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

☐ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

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

☐ House/Mod. Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ___

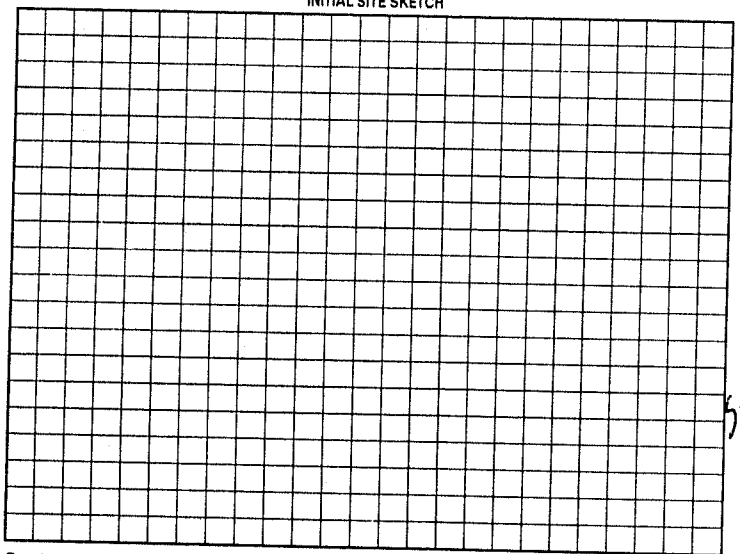
☐ Other _____

Water Supply:
☐ Individual
☐ Public
☐ Community

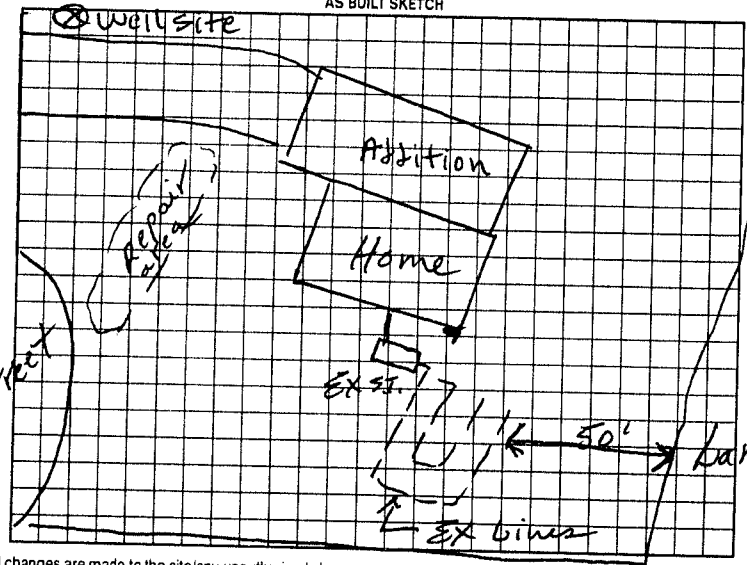
Comments/Conditions:

Comments/Conditions: Adding Storage Garage + Bedrooms 1 bath using Ex. Bedroom for Den No Change.

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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: J. C. Moore date 1-15-99

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