VOIDS PERMIT FROM 4/5/01

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 4/16/01

OWNER OR CONTRACTOR TIM AUSTIN PHONE: Business (704) 348-5521 Home _____

ADDRESS 197 PENICILLIN PT. TROUTMAN, NC 28166

LOCATION PERTH CH. RD. (R) STATE PARK RD. (L) MORRISON FARM RD (R) PENINCILLIN PT. 9TH DWL (L)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS: _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 160 Date 3/7/01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 200'
No Lines 4 Trench Width 2' Max Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI
System Description: _____
Repair System Description: PBBPS
Maintenance Agreement Required: ☐ Yes ☒ No

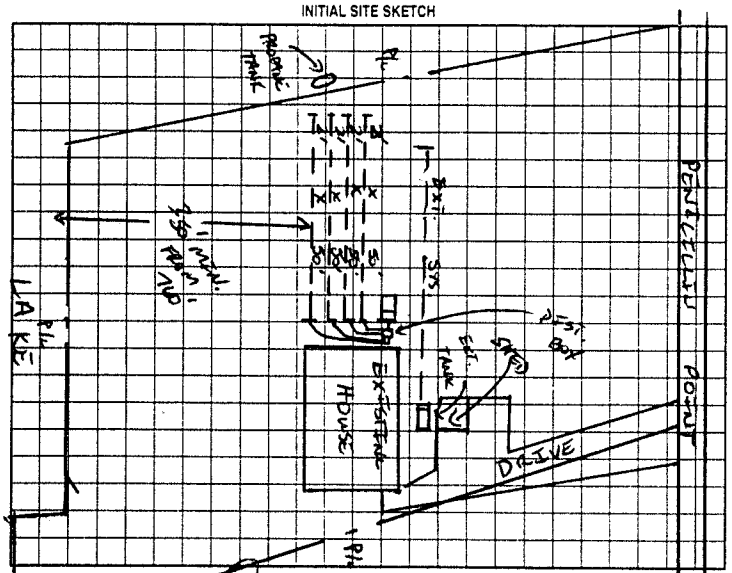
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

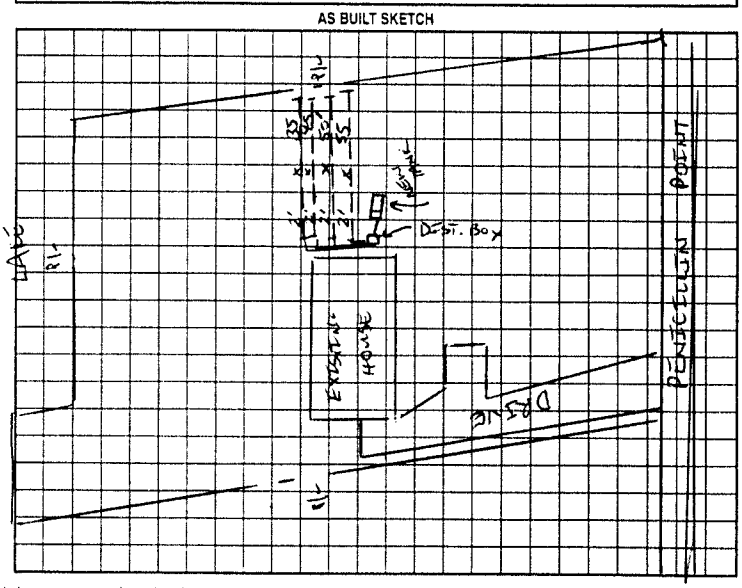
Comments/Conditions: (1) INSTALL DRIPLINES UNIFORM AND ON CONTOUR (2) EXISTING SEPTIC TANK TO BE PUMPED AND CRUSHED/FILLED INPLACE, (3) KEEP ALL DRAINS AWAY FROM DRAINFIELD AREAS.

Comments/Conditions: (1) PUMP SEPTIC TANK EVERY 3-5 YRS.

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 4/16/01 Installed by: BARRY SIGMON

Improvement Permit by: _____ date 4/16/01 Operation Permit by: _____ date 5/4/01

Authorization to Construct by: _____ date 4/16/01 Existing System Inspection by: _____ date _____

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