VOID PERMIT FROM 4/5/01

COUNTY HEALTH DEPARTMENT

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

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

_____ 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 ON (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: TPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

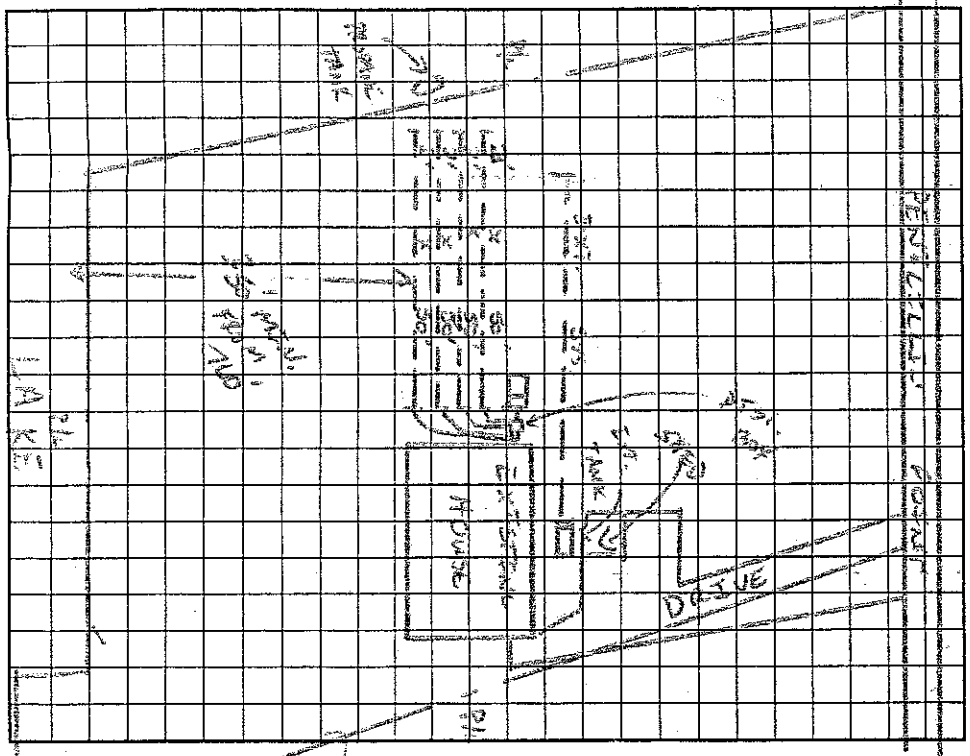
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

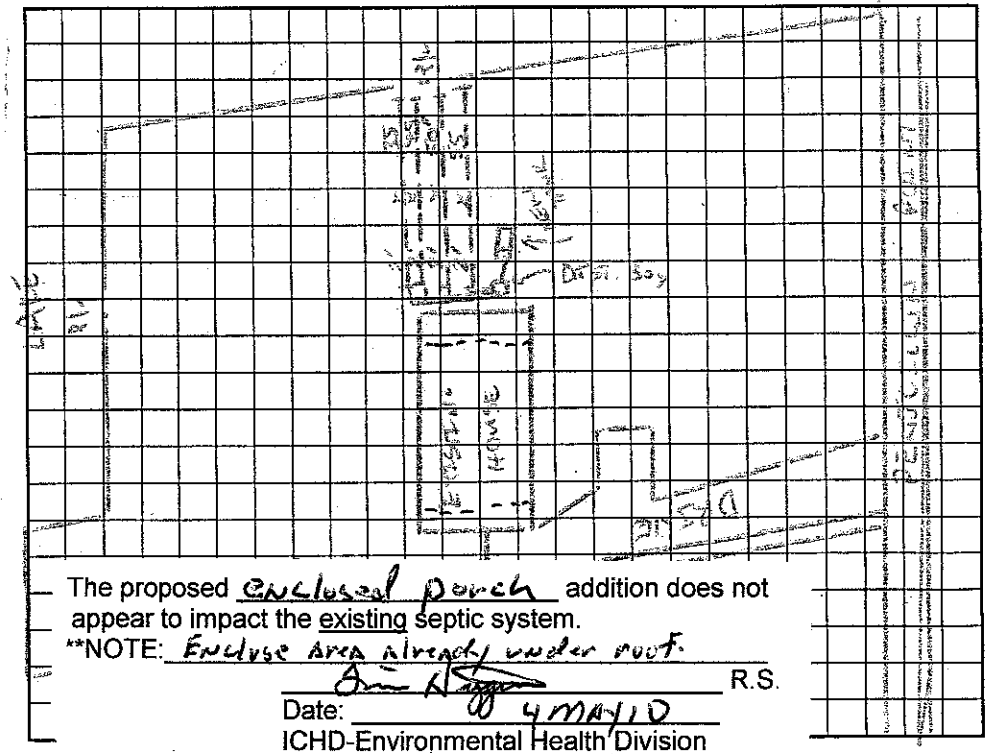
Comments:/Conditions: (1) INSTALL DRIPLINES UNIFORM AND ON CONTOUR (2) EXISTING SEPTIC TANK TO BE PUMPED AND CRUSHED/FILLED IN PLACE (3) KEEP ALL DRAINS AWAY FROM DRIP FIELD TS

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

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed enclosed porch addition does not appear to impact the existing septic system.

**NOTE: Enclose area already under roof.

_____ R.S.

Date: 4 MAY 01

ICHD-Environmental Health Division

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 4/18/01

Improvement Permit by: _____ date 4/16/01

Authorization to Construct by: _____ date 4/16/01

Installed by: BARRY STEMMON

Operation Permit by: _____ date 5/4/01

Existing System Inspection by: _____ date _____

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