IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090320 PIN# 4629626935 DATE 7/7/2000

OWNER OR CONTRACTOR David Heagle PHONE: Business ____ Home (704) 598-6831

ADDRESS 136 Tayport Dr Troutman, NC 28166

LOCATION State Park Rd TL Morrison Farm TR April TL Tayport at End

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA ____ SITE CLASS PS DESIGN FLOW 360gpd T.A.R. ____

Septic Tank: Existing Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields ____ Square Feet Existing Lineal Feet ____

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

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

System Description: Existing Gravity-Conv 25% Red

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

X House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3½

☐ Business No. Employees ____

☐ Other ____

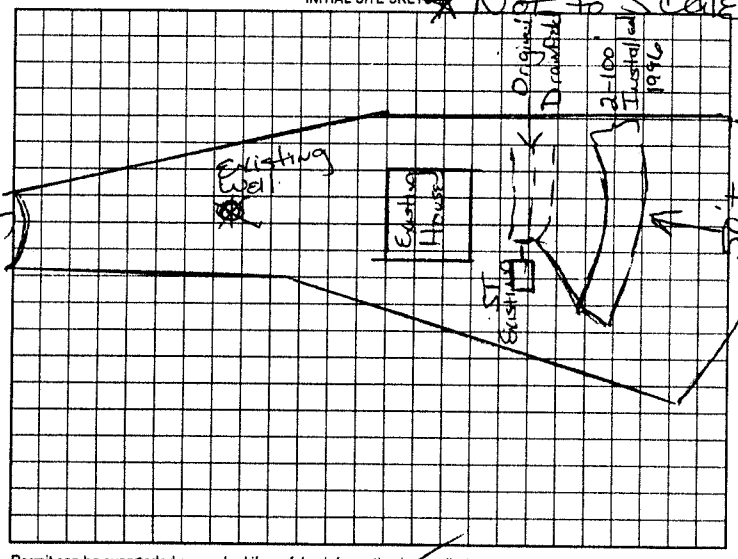
☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions: Existing Septic System appears to be functioning OKay at Time of INSPECTION, NO problems Noticed.

Comments/Conditions: Replacing 3 Bedroom home with 3 Bedroom. Repair added in 1996

INITIAL SITE SKETCH X Not to Scale



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: X ____ date ____ Installed by: ____

Improvement Permit by: Maria H. Dotson RS date 7/7/2000 Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Maria Dotson RS date 7/7/2000

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