IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 18209 PIN# 4629-84-4046 DATE 2-12-04

OWNER OR CONTRACTOR SCOTT & TAMARA LAWSON PHONE: Business 664-1178 Home 704-528-9908

ADDRESS 637 Stillwater RD TROUTMAN, NC 28166

LOCATION 21 SOUTH, (R) PERTH, (R) STATE PARK, (L) MORRISON FARM, (L) WILLOW PT (C) STILLWATER, NW PT @ BOX #637

SUBDIVISION CLOT BLOCK / SECTION 17 LOT 49 LOT AREA 3.77AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .34

EXISTING

Septic Tank: 1000 Gallons; STB 358 Date 11-29-93

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350'

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: CONV GRAV / EXISTING

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

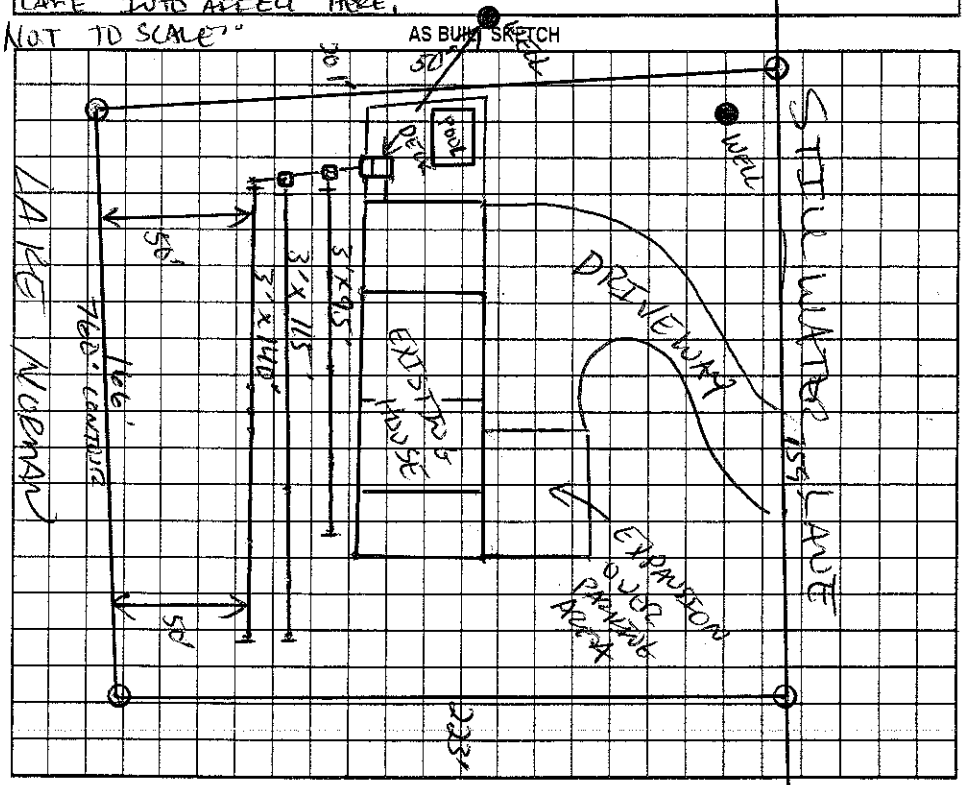
Comments:/Conditions: NO REPAIR NEEDED, REQUIRED PLAT ATTACHED TO PERMIT

Comments:/Conditions: (1) SYSTEM FUNCTIONING PROPERLY AT TIME OF CHECK (2) PROBED & DIDN'T FIND TANK, MAYBE UNDER TIRE DECK IS ANCAC 18A, 1962 APPLICABILITY RULE CAME INTO AFFECT HERE.

INITIAL SITE SKETCH

"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: [signature] date ____ Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: [signature] date 2-12-04

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