IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 BA Mooresville Office (704) 660-3625 PERMIT # 214744

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

PIN # 4629-84-6711 ✓

APPLICANT: Rollans Soil APPLICANT ADDRESS: P.O. Box 832 Mooresville, NC 28115

SITE ADDRESS: 531 Stillwater Rd. Troutman, NC 28166 PHONE: 704-746-5046 ALT. PHONE: —

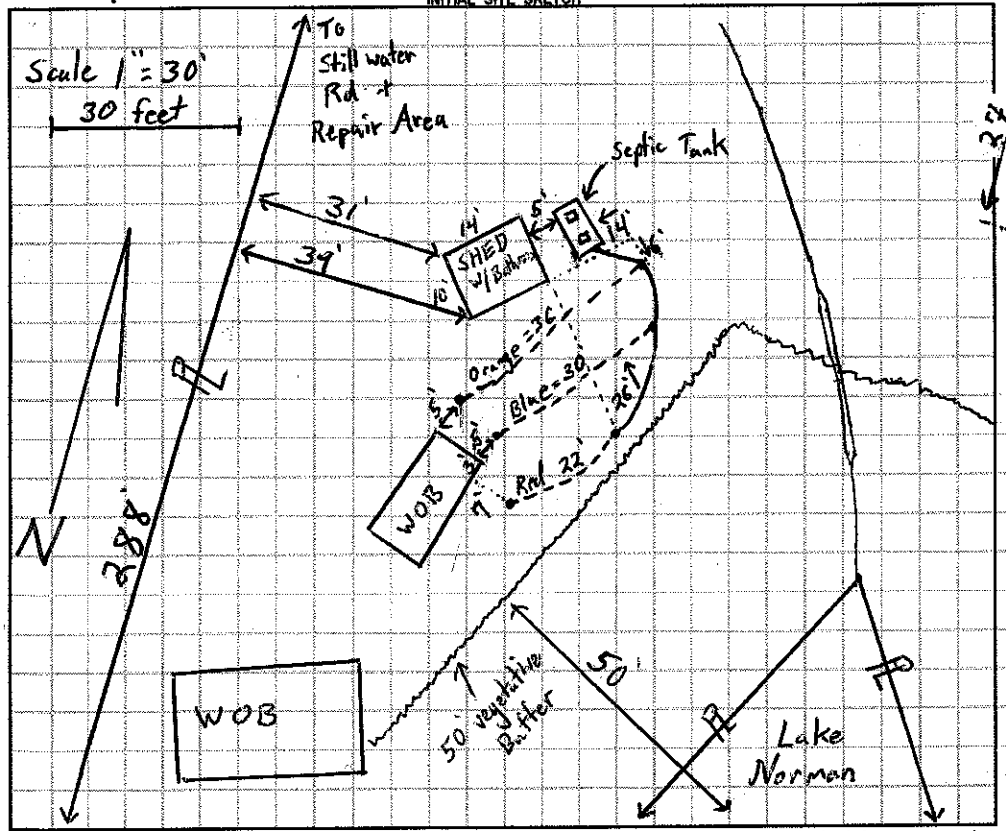
SITE DIRECTIONS: State Park Rd West → TL on Morrison Farm → TL on Dayvault Cut → TR on Stillwater → Lot on Left

SUBDIVISION: CL+T SECTION: 17 LOT # 58 LOT AREA: 0.84 DESIGN FLOW: 100 gal/day L.T.A.R.: 0.30

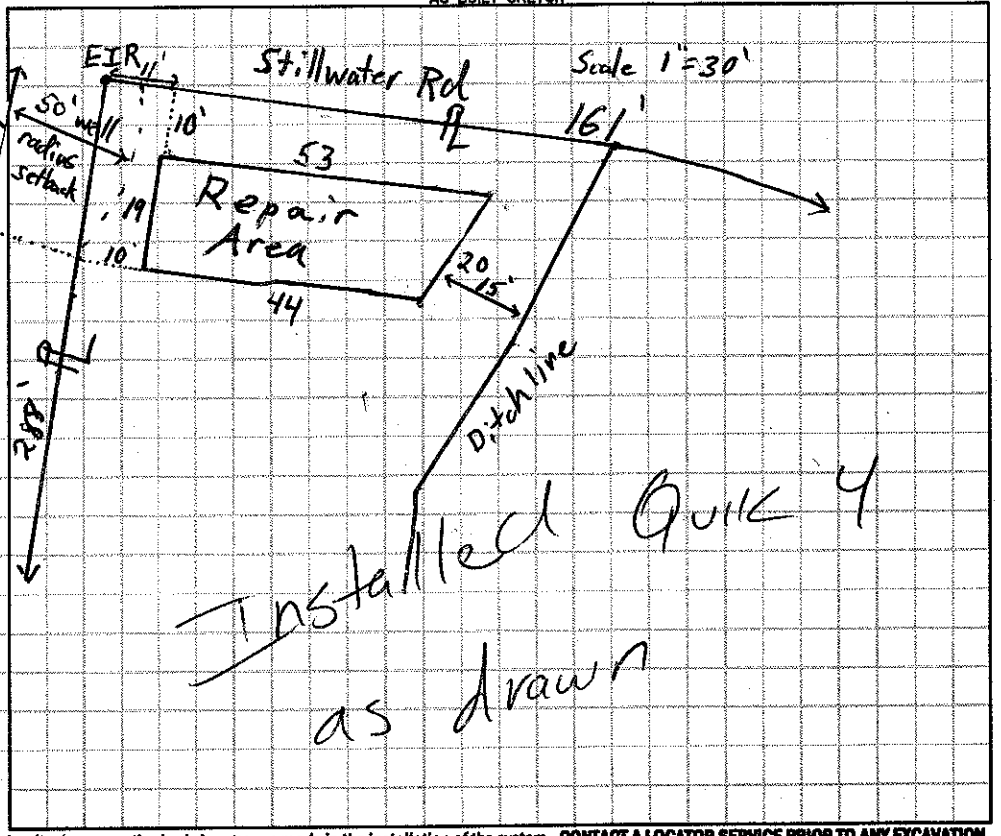
Septic Tank	1000 (gal)	STB	1012	Date	2-18-16	☒ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	☐ Residence	No. Bedrooms	None	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction			☒ Business	No. Persons	None	☒ Private
Pump Make	—	Model	Infiltrator	Serial #	EF-4	Repair System Description:	25% Reduction			☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	88	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Septic system is to serve a picnic bathroom with no kitchen or bedrooms proposed. Recommend pumping septic tank every 5 years. Follow all N.C. septic rules! If repair area is ever utilized a surface berm + interceptor drain will be required. No kitchen or bedroom to be constructed within structure nor connected to sewage disposal system

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☒ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☒ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Joel Milstead Date: 2-4-16 Installed by: Steve Jordon

IMPROVEMENT PERMIT by: Tom Shuck Date: 2-1-16 OPERATION PERMIT by: [signature] Date: 04/05/16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2-1-16 Existing System Inspected by: — Date: —

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK