IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14690 PIN# 4629-85-9674 DATE 7-19-07

OWNER OR APPLICANT BRENDA VERNON PHONE: Business Home 704-873-4332

ADDRESS 427 STILLWATER ROAD, TROUTMAN, NC 28166

LOCATION STATE PARK ROAD to MORRISON FARM ROAD, TL DAYVAULT CUT, TR STILLWATER RD, LOT ON LEFT AT #427

SUBDIVISION DUKE BLOCK / SECTION 17 LOT 879 LOT AREA 1.1 ACRES SITE CLASS. PS DESIGN FLOW 360 I.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines TWO Trench Width 36" Max Trench Bottom Depth ____ Gravel Depth 12"

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

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

Comments/Conditions:

Comments/Conditions: KEEP HOUSE MINIMUM FIVE FEET FROM SYSTEM

INITIAL SITE SKETCH

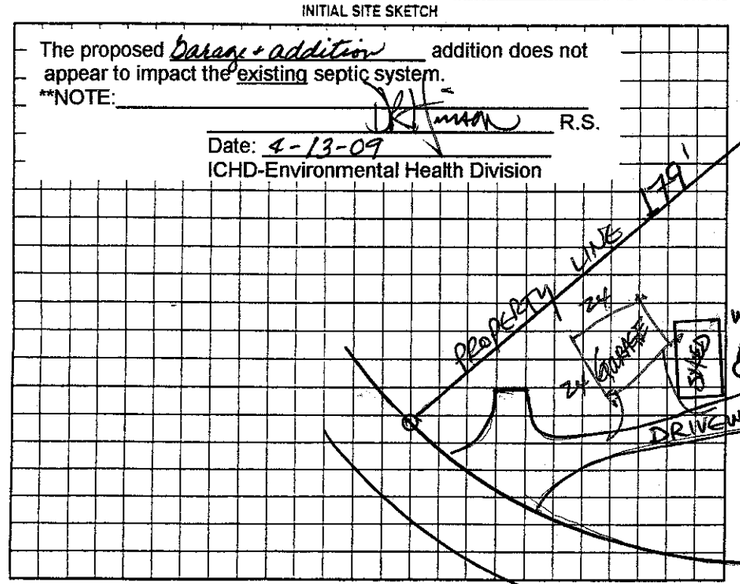
The proposed Garage + addition addition does not appear to impact the existing septic system.

**NOTE: ____

____ R.S.

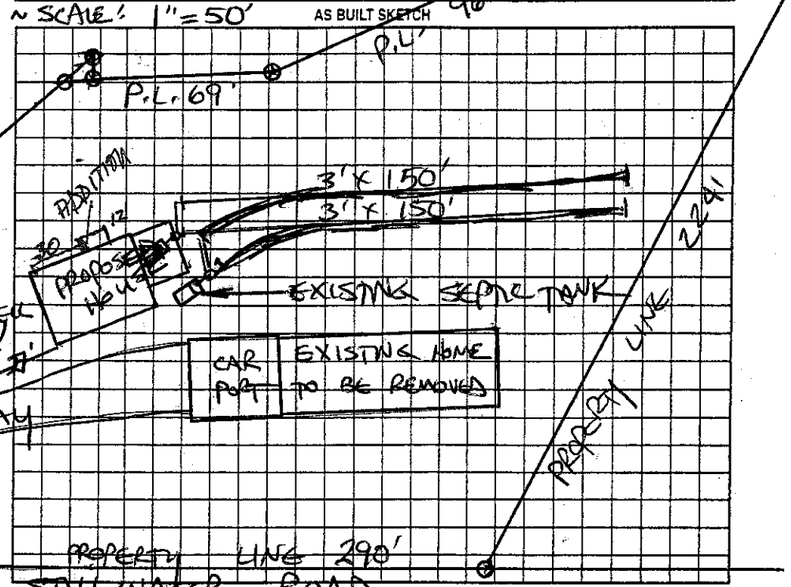
Date: 4-13-09

ICHD-Environmental Health Division



AS BUILT SKETCH

SCALE: 1" = 50'



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 ____ Installed by: ____

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

Authorization to Construct by: ____ date ____ Existing System Inspection by: STEVE HEDRICK date 7-19-07

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