CJ

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 35746 PIN# 4629946630

OWNER OR APPLICANT KENT SLAW DATE 6-1-06

ADDRESS PO BOX 1061 TROUTMAN, NC 28166 PHONE: Business 704-528-4421 Home 704-528-4494

LOCATION 21 SOUTH (R) NORTH (R) STATE PARK (L) MORRISON FARM (L) ST. LUNDEY LOT # 67 ON LEFT

SUBDIVISION CLOT BLOCK / SECTION 17 LOT 67 LOT AREA .86 SITE CLASS. B DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1250 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240'

No Lines 2x120' Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 12" ☒ Gravity ☐ Pressure

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

System Description: GRAV LOOP

Repair System Description: PRE 77/83 NO PERMIT

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons 6 No. Employees _____

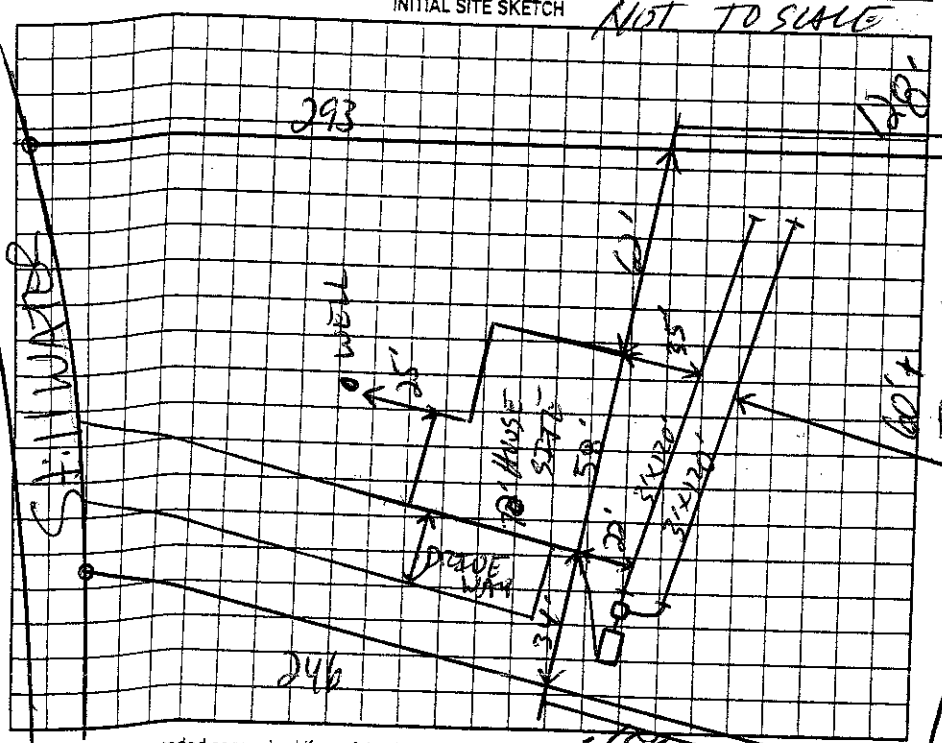
Water Supply: ☒ Individual ☐ Public ☐ Community

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

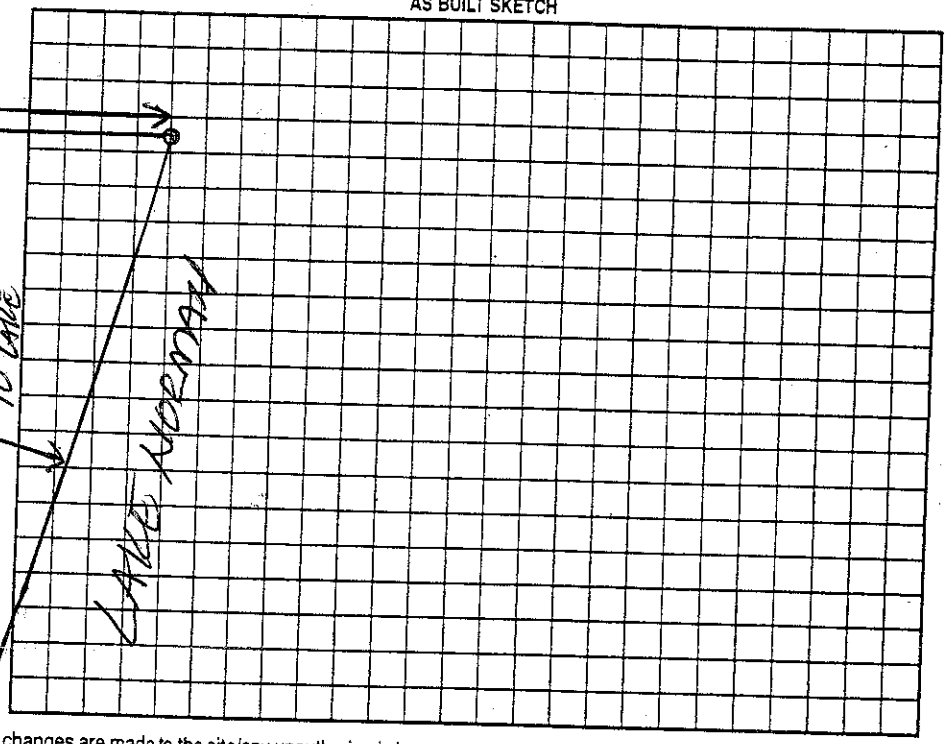
Comments:/Conditions: (1) THIS IS AN EXISTING SYSTEM (2) CHECK SYSTEM Properly functioning AT Time of Check (3) Elev BS Stays the Same. (4) MAINTAIN SETBACKS

Comments:/Conditions:

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: CS Slaw 6/2/06 date 6-2-06 Installed by: WES LYTTON

Improvement Permit by: _____ date 6-1-06 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date 6-1-06 Existing System Inspection by: _____ date 6-1-06

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