IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 2415-4074313 PIN# 3C-2-A-21 DATE 6-4-98

OWNER OR CONTRACTOR Patrick Tryson PHONE: Business _____ Home 528-0985

ADDRESS 144 Perthwood Dr.

LOCATION Perth ch Rd TR State Park Rd TL morrison Fm TL Stillwater at cornor of Honeycutt

SUBDIVISION Lake Norman BLOCK / SECTION 18 LOT 888 LOT AREA 2.15 acres SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 421 Date 7-29-97 ☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

Pump Tank: 1000 Gallons; PT 40 Date 7-11

Pump Make: Zoeller Model 161 Serial No. 0786

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 76" Gravel Depth N/A

System Description: Pump to Gravelless 2590 RT System

Repair System Description: " " "

Maintenance Agreement Required: ☐ Yes ☑ No ☐ Other

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

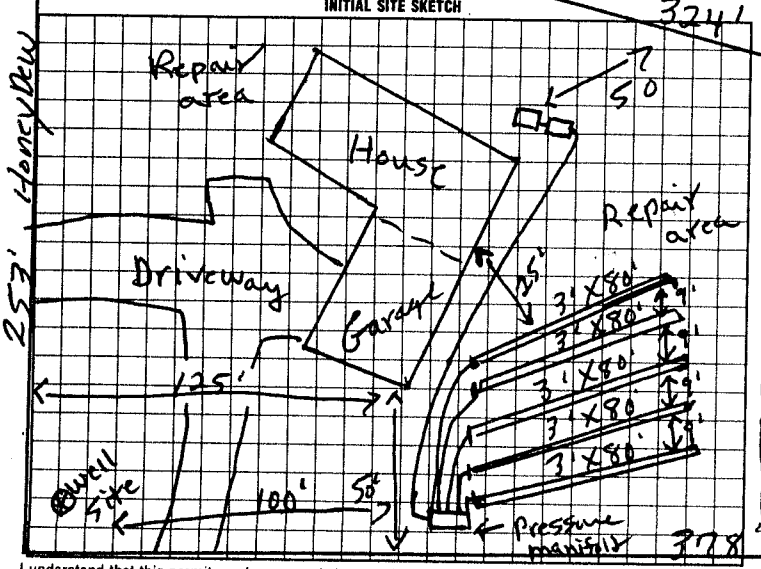
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

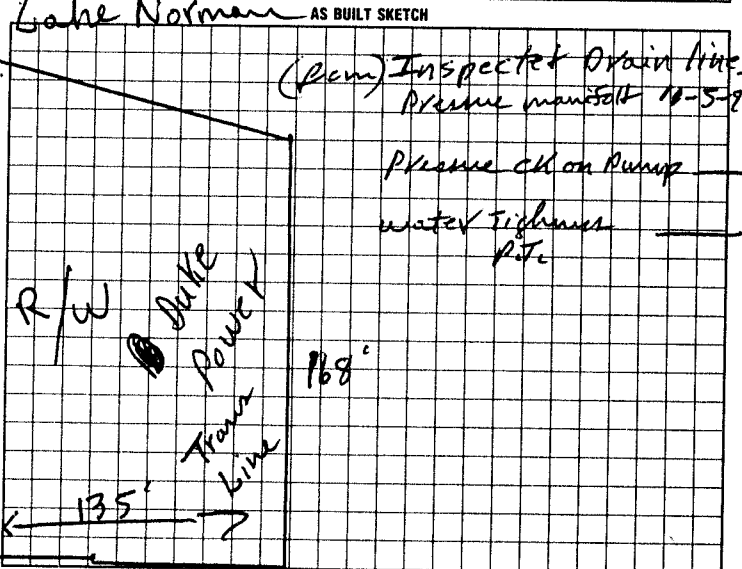
Comments:/Conditions: 100' See Attached Sheets for Pump Tank Pressure manifold & clean outs

Comments:/Conditions: Replace Permit Issued 7-15-96

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: Joyce E. Ellis date _____

Improvement Permit by: P.C. Moore date 6-4-98

Authorization to Construct by: P.C. Moore date 6-4-98

Installed by: G & M Enterprises

Operation Permit by: Mary C. Ott RS date 2-26-99

Existing System Inspection by: _____ date _____

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