1:00 pm

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 158722 PIN # 4638592873 DATE 11-19-2009

OWNER or APPLICANT Michael & Beth Marrow PHONE: Business 704 236-7311 Home: 704 528-0018

OWNER or APPLICANT ADDRESS 160 Briar Fox Trail, Troutman, NC 28166

LOCATION / DIRECTIONS Hwy 150 W TR Perth Rd. TL Stumpy Creek, Stay rt @ Boat ramp TL Dearborn

SUBDIVISION CLATY BLOCK / SECTION 14 LOT # 1116 LOT AREA 1.15 Acre DESIGN FLOW 600 gpd L.T.A.R. .3 lot on rt

Septic Tank 1500 Gallons: STB 1014 Date 5-11-10
Pump Tank 1500 Gallons: P T 46 Date 4-14-10
Pump Make Goulds Model WE0121H Serial #
Nitrification Field No Fields 1 No Lines 5 Linear Feet 500'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type I II III IV V VI
System Description: Pump - 25% Reduction
Repair System Description: PM-LP Panel Blk
Maintenance Agreement Required ☐ YES ☒ NO Not Initially
☐ GRAVITY ☒ PRESSURE

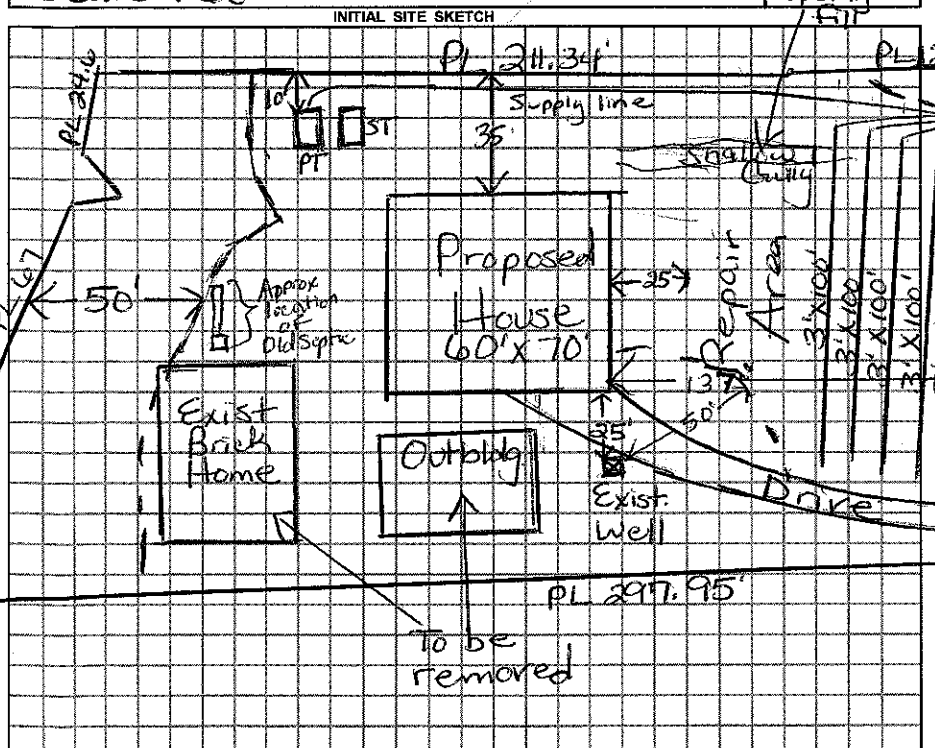
☒ Residence No. Bedrooms 5
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Stay at least 50' for any well with Septic System. Keep Supply line 5ft from PL & 50' From well
Scale 1:60

Comments / Conditions: Divert surface/storm water to PL & away from Drain Field & tanks.
Neighbor's well

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Infiltrator Quick 4 essentially as drawn JM 8-16-10
8/11/2010 Pressure Manifold 5.6#
8/13/2010 2# Pressure Set

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

Owner / Applicant Signature: Date

Improvement Permit by: RS Date 11/20/09

Authorization to Construct by: RS Date 11/20/09

Installed by: Johnson Excavating RS

Operation Permit by: RS Date: 9/24/2010

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant