IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206840

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

PIN # 4639097591

APPLICANT: Matthew Durchman APPLICANT ADDRESS: 823 Oak St Mooresville NC 28115

SITE ADDRESS: 138 Apache Rd Troutman NC PHONE: 704-396-9236 ALT. PHONE: N/A

SITE DIRECTIONS: Perth to State Park Rd T/L Morrison Farm Rd T/L Apache Rd 2nd Lot on right

SUBDIVISION: Twin Coves on Morrison SECTION: N/A LOT # 17 LOT AREA: 6.2ac DESIGN FLOW: 600 L.T.A.R.: 0.25

Septic Tank 1500 (gal) STB 444 Date 11-11-15
Pump Tank 1500 (gal) PT 477 Date 12-21-15
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 12 Linear Ft: 600
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI
System Description: PM 25% Reduction
Repair System Description: Drip
Maintenance Agreement Required: [ ] YES [X] NO
[ ] GRAVITY [X] PRESSURE

[X] Residence No. Bedrooms 5
[ ] Business No. Persons 10
[ ] Other No. Employees ____
[ ] Slab [ ] Crawl Space
[ ] Basement w/plumbing [X] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: Install per site plan

INITIAL SITE SKETCH

See Plan by
Jacobs Onsite Development, Inc

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	3/11/16	HS
Tanks Checked	3/11/16	HS
Pressure Manifold or Valve Box Checked	05/10/15	HS
Pressure Head Set	05/10/15	HS
Electrical Checked	05/10/15	HS
Floats Set	05/10/15	HS
Alarm Checked	05/10/15	HS
Maintenance Contract Y / N	Y/N	

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**

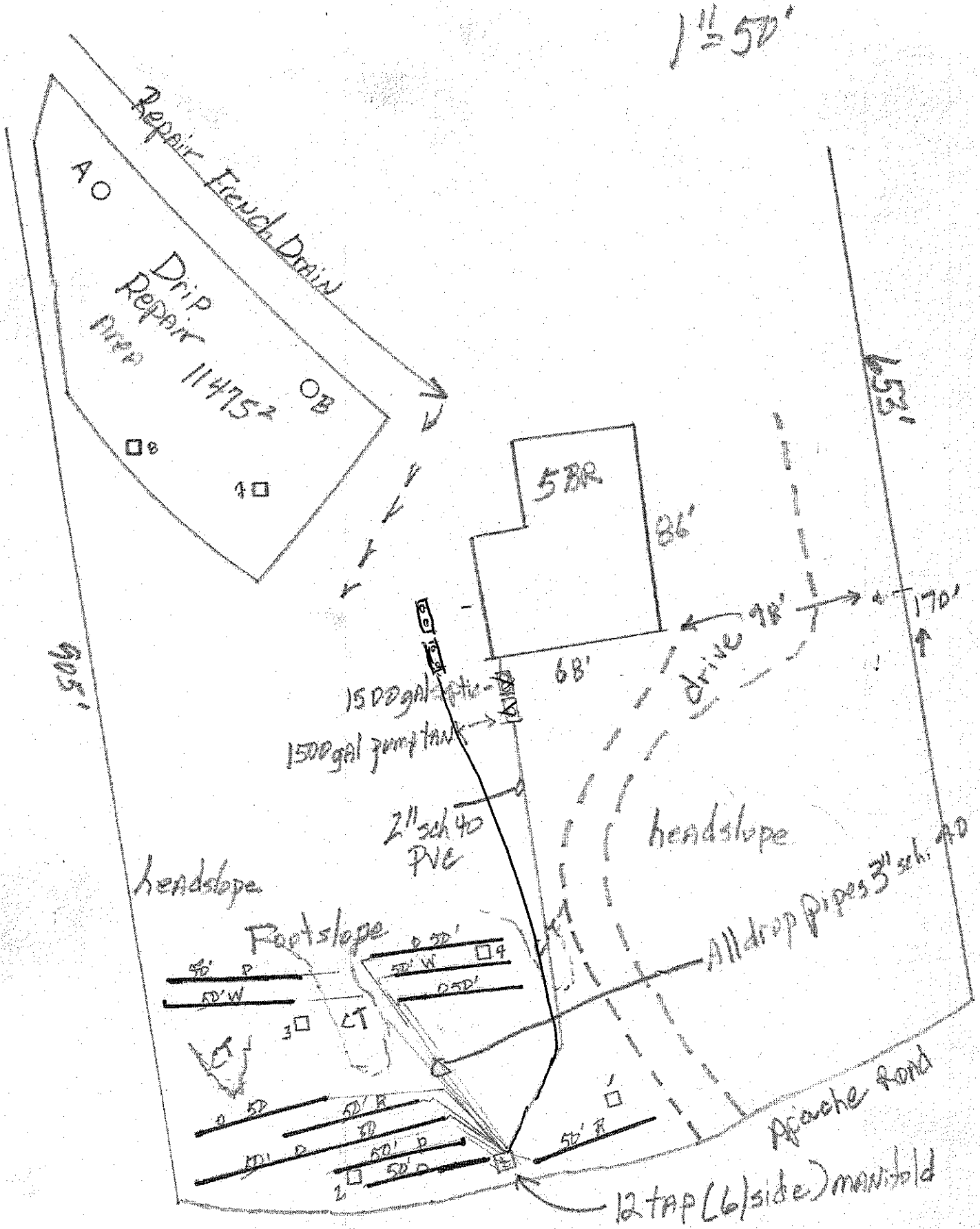
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 11/18/14 Installed by: Abernathy Septic

IMPROVEMENT PERMIT by: [signature] Date: 11/17/14 OPERATION PERMIT by: [signature] Date: 05/17/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11/17/14 Existing System Inspected by: ____ Date: ____

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


1" = 50'
Repair French Drain
AO
Drip Repair 1147 sq ft
OB
5BR
86'
68'
98'
170'
drive
1500 gal septic
1500 gal pump tank
2" sch 40 PVC
headslope
Footslope
All drop pipes 3" sch. 40
Apache Road
12 trap (6/side) manifold