IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13193 PIN# 4639450254 4639357133 DATE 5-22-08

OWNER OR APPLICANT Leonard Wilson PHONE: Business 622-2323 Home 528-5412

ADDRESS P.O. Box 345 Troutman, NC 28166

LOCATION Perth Rd N. TL Fern Hill Rd TR Nautical Pt Drive at end to left of cul-de-sac

SUBDIVISION Nautical Pt BLOCK / SECTION ____ LOT 3 LOT AREA ~2.7Acre SITE CLASS. PS DESIGN FLOW 600gpd T.A.R. 3

Septic Tank: 1500 Gallons; STB 528 Date 11-1-07

Pump Tank: 1500 Gallons; PT 485 Date 11-13-07

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 700' Linear Feet 350'

No Lines 5@70' Trench Width 24"min Max Trench Bottom Depth 36"

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

System Description: Pump-Lt-Panel Blk

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 5 No. Persons ____ No. Employees ____

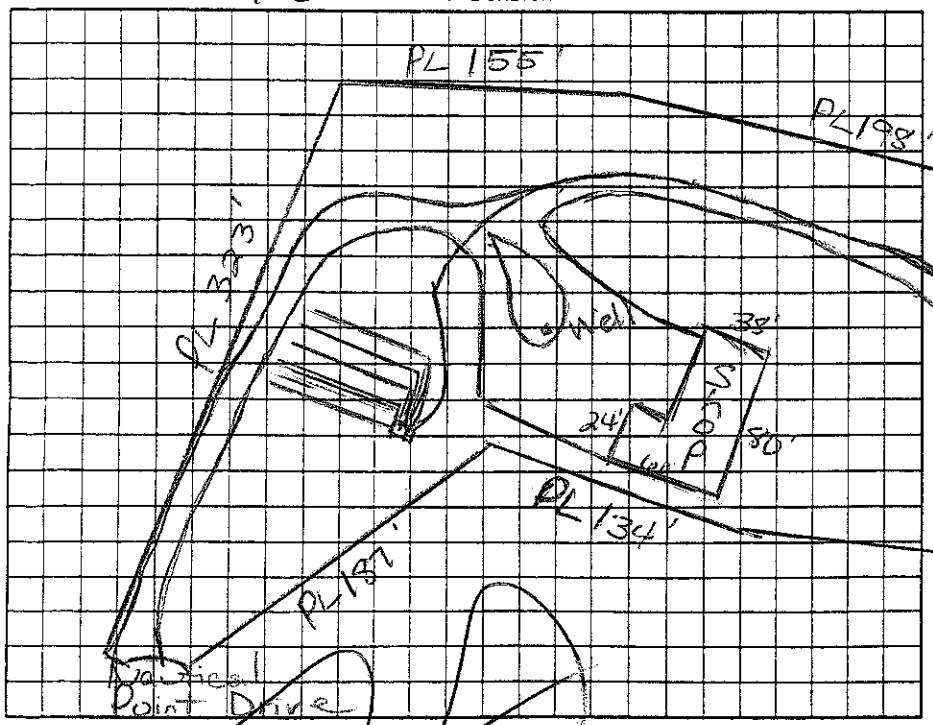
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth N/A ☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

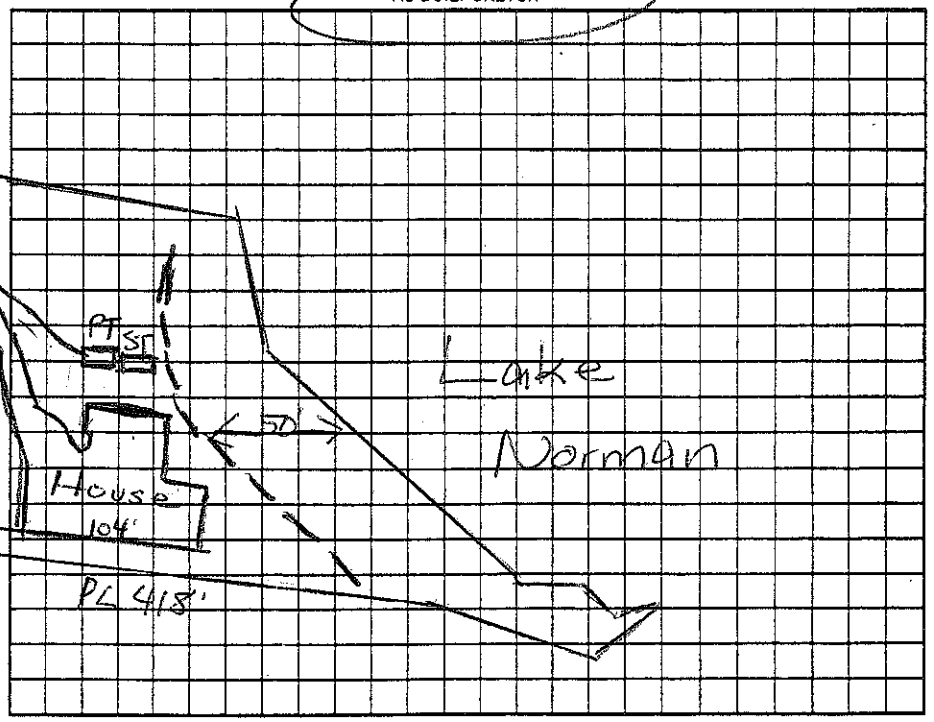
Comments:/Conditions:

Comments:/Conditions:

Scale 1:100 INITIAL SITE SKETCH



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: ____ date ____ Installed by: Steve Jordon

Improvement Permit by: Maria H. Robson RS date 5/22/08 Operation Permit by: Maria H. Robson RS date 7/15/08

Authorization to Construct by: Maria H. Robson RS date 5/22/08 Existing System Inspection by: ____ date ____

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