IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131193 PIN# ~~4639450254~~ 4639357133 DATE 12-5-07

OWNER OR APPLICANT Leonard Wilson PHONE: Business 622-2323 Home 704 528-5412

ADDRESS P.O. Box 345 Troutman NC 28166

LOCATION Perth Rd N. to Fern Hill Rd to R Nautical Pt Drive N 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 Goulds Model WE2012HW Serial No M07372

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

No Lines 7@50' Trench Width 24" min. Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

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

System Description: Pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

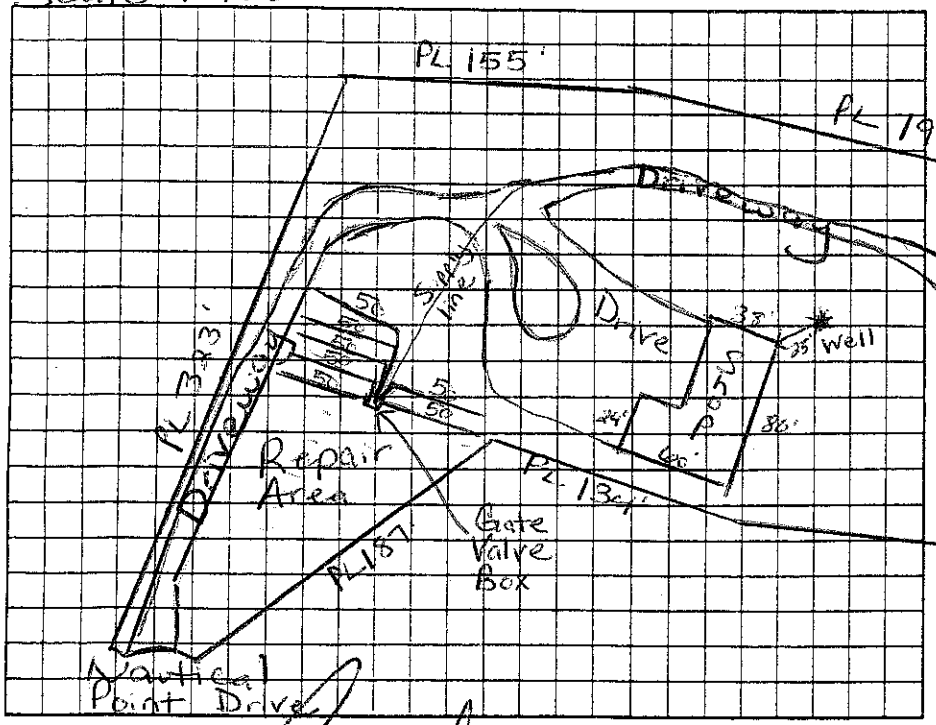
Water Supply: ☒ Individual ☐ Public ☐ Community

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

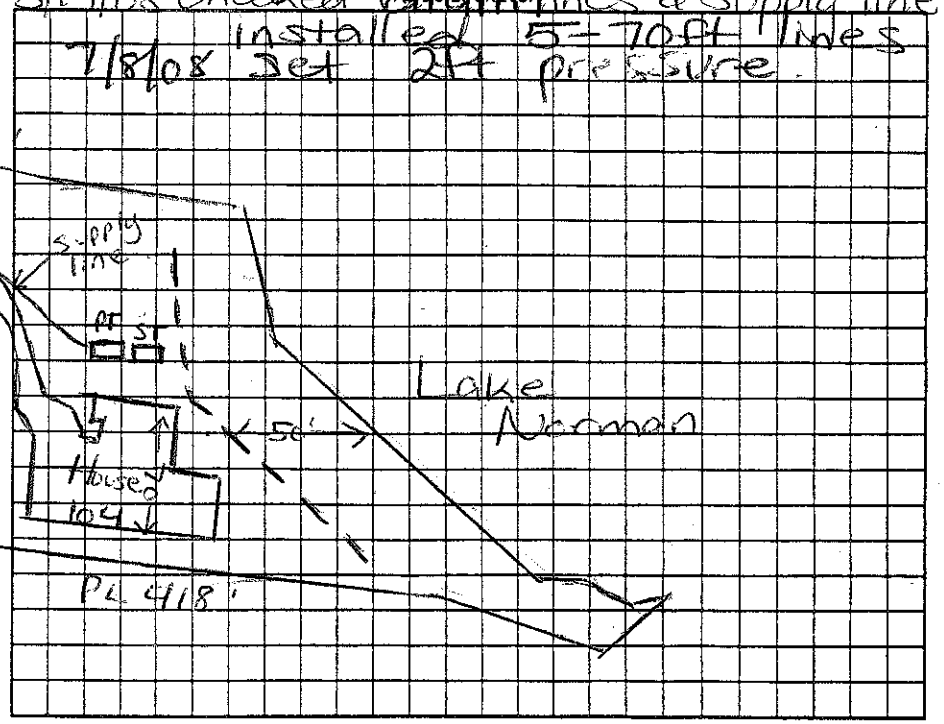
Comments/Conditions: ☒ Keep well 25ft from Building
Keep Supply line 50ft from well otherwise Sleeve in ductile iron.
3/19/08 Supply line & drainfield > 50ft to well

Comments/Conditions: ☒ Per 15A NCAC 18A.1950(3)(a)(ii) D
Design sewage flow > 480 gpd = Pressure-dosed
3/14/08 Checked tanks
3/19/08 Checked ~~Drainfield~~ lines & Supply line installed 5-70ft lines
7/8/08 Set 2ft pressure.

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 12/06/07 Installed by: Steve Jordan

Improvement Permit by: Maria H. Dolan RS date 12/5/07 Operation Permit by: Maria H. Dolan RS date 7/15/08

Authorization to Construct by: Maria H. Dolan RS date 12/5/07 Existing System Inspection by: ____ date ____

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