IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 076997 PIN# 4639480618 Charles DATE 10/23/98

OWNER OR CONTRACTOR Walter Robertson PHONE: Business Humphrey 663 4273 Home M 309-3414

ADDRESS 345 Winding Shore Trail Troutman, NC 28166

LOCATION Perth Rd TR Neill Farm Rd 5th from End on left.

SUBDIVISION Sec 16 BLOCK / SECTION 16 LOT 123 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: EXISTING Gallons: _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~600' Linear Feet 200'

No Lines 2 Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth 10"

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

System Description: EXISTING

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

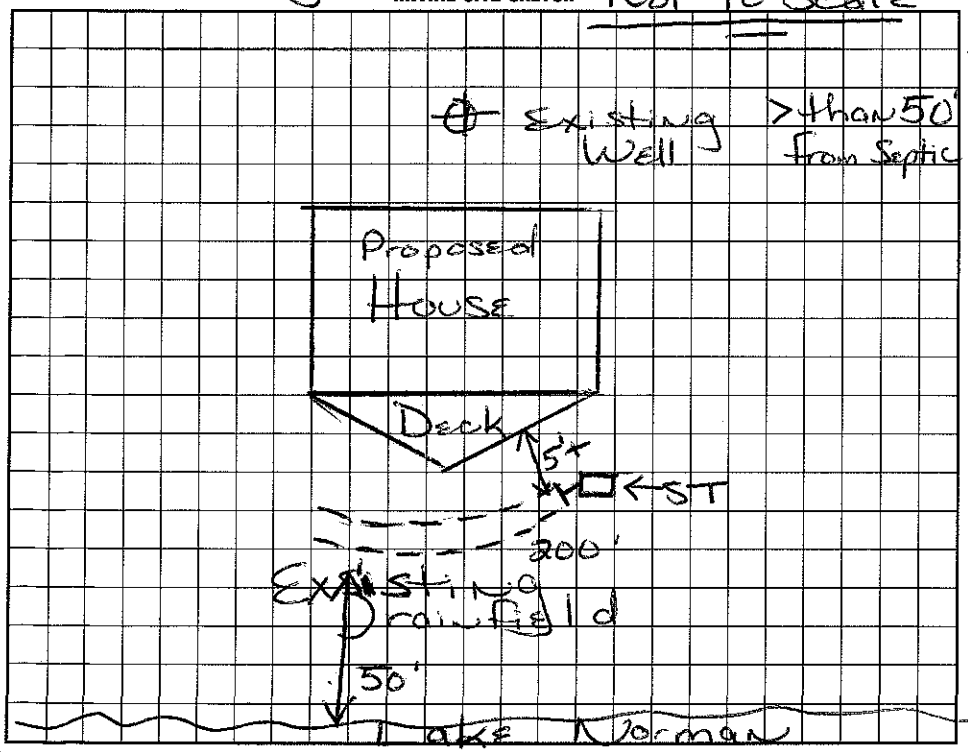
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing System appears to be functioning okay at time of inspection, No problems Noticed.
* Must stay at least 5' from Septic with House

Comments:/Conditions: System originally installed 12/84 for Charles Campbell.

INITIAL SITE SKETCH Not to Scale



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: _____ date _____

Improvement Permit by: Maina H. Dotson R.S. date 10/23/98

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maina Dotson R.S. date 10/23/98

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