IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 07821 PIN# 4639498356 DATE 2-11-98

OWNER OR CONTRACTOR Michael Douglas PHONE: Business _____ Home 873-2101 ext 448

ADDRESS 268 Winding Shore Rd Troutman, NC 28166

LOCATION Perth Rd TL Neill Farm Rd Go Straight to End after Changes to Winding Shore

SUBDIVISION C L & T BLOCK / SECTION 16 LOT 137 LOT AREA .89 Acre SITE CLASS. Existing DESIGN FLOW 240gpd I.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet Existing System

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Gar. Conv.

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ___

☐ Other _____

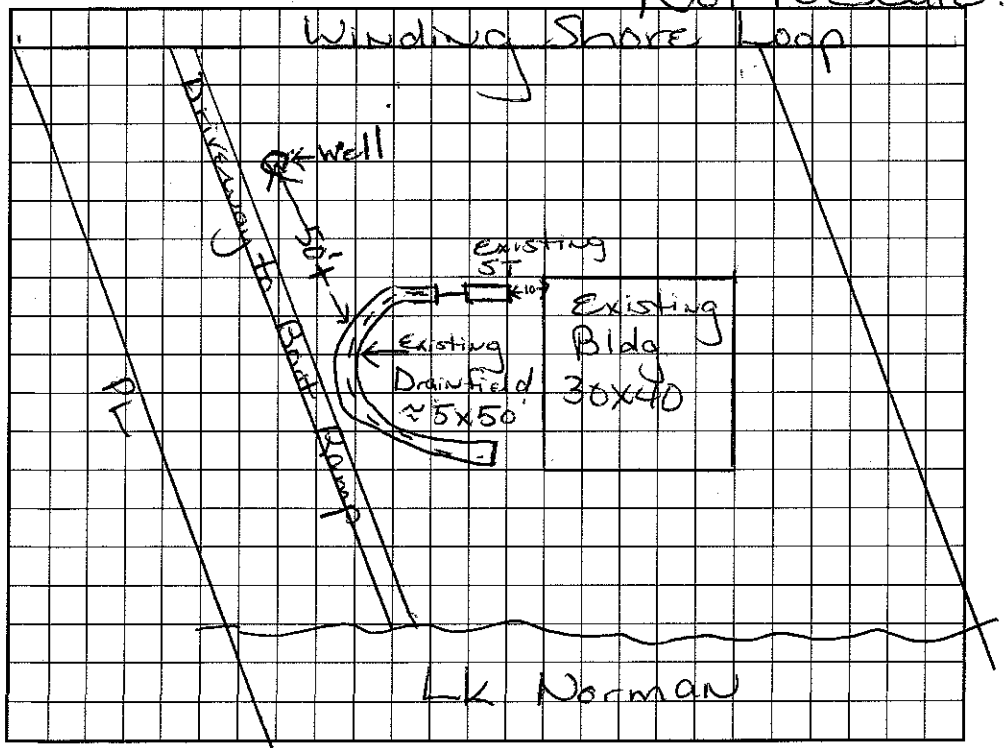
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Existing Septic System appears to be Functioning Okay at time of Inspection, No problem Noted.

Comments/Conditions: Owner uncovered area btw Septic Tank & Drainfield to locate System 3' deep. System approved for 2 Bedrooms Only Existing basement adding 2nd level.

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: X Michael W. Douglas date _____ Installed by: _____

Improvement Permit by: Maria H. Hodgson date 2/11/98 Operation Permit by: _____ date _____

Authorization to Construct by: Maria H. Hodgson date 2/11/98 Existing System Inspection by: _____ date _____

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

Existing System.