IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-[illegible]5305 MOORESVILLE 704-664-5281

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

PERMIT# 090816 PIN# 4639 59 2768 DATE 8-3-2000

OWNER OR CONTRACTOR Richard Campbell PHONE: Business _____ Home 871-2672

ADDRESS 234 Winding Shore Troutman NC 28166

LOCATION Perth Rd North TL Neill Farm Rd stay to left on Winding Shore ON Right

SUBDIVISION CLT BLOCK / SECTION 16 LOT 141 LOT AREA .72 Acre SITE CLASS. _____ DESIGN FLOW _____ T.A.R. _____

Septic Tank: Exist 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model EXISTING Serial No. _____

Nitrification Field: No Fields _____ Square Feet 625 Linear Feet 250'

No Lines 3 Trench Width 7½x84 Max Trench Bottom Depth _____ Gravel Depth 10"

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

System Description: Existing Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2+ Office

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

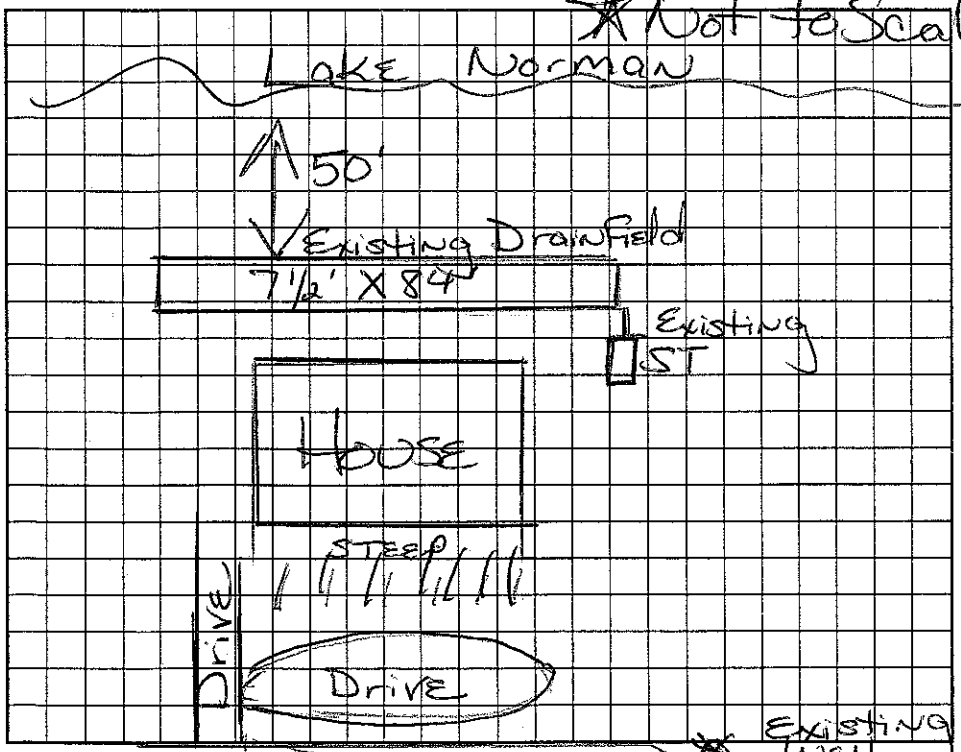
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay, No problems Noticed.

Comments:/Conditions: Okay to add office plus additional ~~bathroom~~ bathroom. Number of bedrooms will remain the same.

INITIAL SITE SKETCH



AS BUILT SKETCH

System Originally Installed 4-8-75 "John Brock"

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: Richard E Campbell date 8/4/00 Installed by: _____

Improvement Permit by: Maria H Dotson RS date 8/3/2000 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria H Dotson RS date 8/3/2000

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