# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 16172 PIN # 4639883809 DATE 6-8-2010

OWNER or APPLICANT Charles Kennedy / Robert Durham PHONE / Business 528-7766 Home: 7047465609

OWNER or APPLICANT ADDRESS 115 Kimmel Drive Troutman NC 28166

LOCATION / DIRECTIONS Perth Rd N TL Neill Farm Rd ~ 1/4 mile on left # 111

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA _____ DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank 1000 Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 480'

Trench Width 36" Max. Trench Bottom Depth 18 Gravel Depth 12"

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

System Description: Existing Gray Conventional

Repair System Description: Grav/Pump Modified

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons _____ ☐ Other No. Employees _____

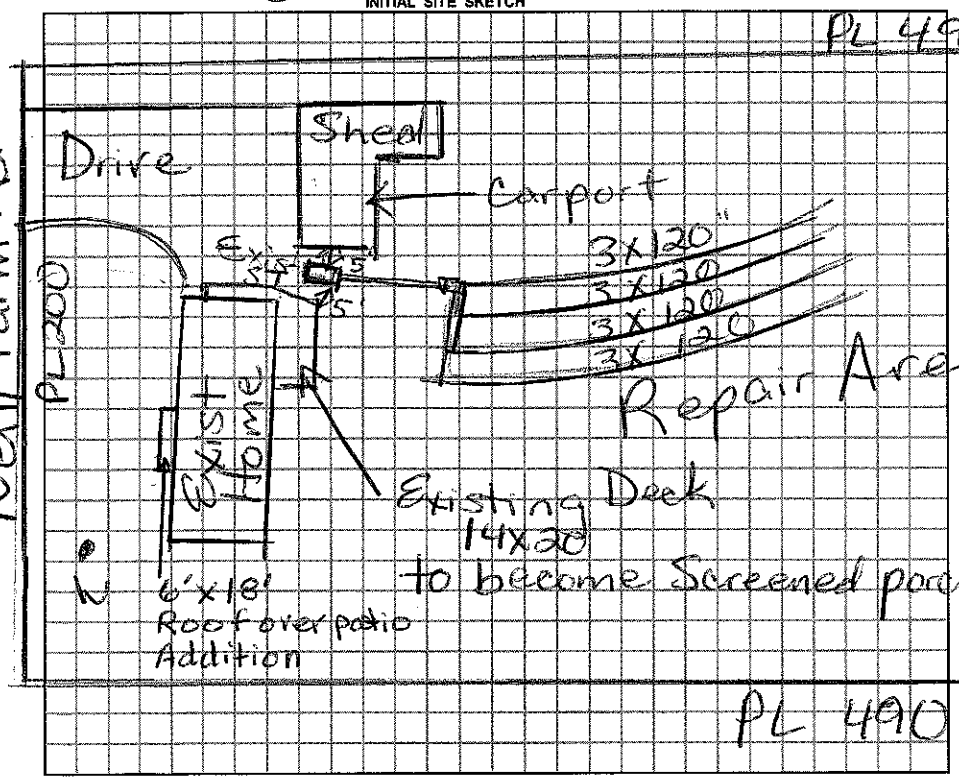
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing Septic System appears to be Functioning OK. Keep any Bldg. 5ft from Septic.

Comments / Conditions: Addition of Screen porch should not impact Septic System.

INITIAL SITE SKETCH




AS BUILT SKETCH

The location of the proposed Roof over front patio addition does not appear to impact the existing septic system.

**NOTE: _____

Jason Melville REHS

Date: 11-2-10

ICHD-Environmental Health Division

*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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date 6/15/10

Improvement Permit by: _____ Date _____

Authorization to Construct by: _____ Date _____

***YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.***

Installed by: _____

Operation Permit by: _____ Date: _____

Existing System Inspected by: _____ Date: RS 6/8/2010

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant