IREDELL COUNTY HEALTH DEPARTMENT

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

11:00

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

PERMIT# 089776 PIN# 4649078575 Pt 4649079706 DATE 6/7/2000

OWNER OR CONTRACTOR Joram Wallace PHONE: Business ____ Home 528-2515

ADDRESS 455 Fern Hill Rd Troutman, NC 28166

LOCATION Perth Rd N. TR Fern Hill (Away from Lake) Behind 3rd House on right

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 4.29 Acre SITE CLASS PS DESIGN FLOW 360 gpd L.T.A.R. .3-.25 (Repair)

Septic Tank: 1000 Gallons; STB 1007 Date 5/19/00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 6 at 67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

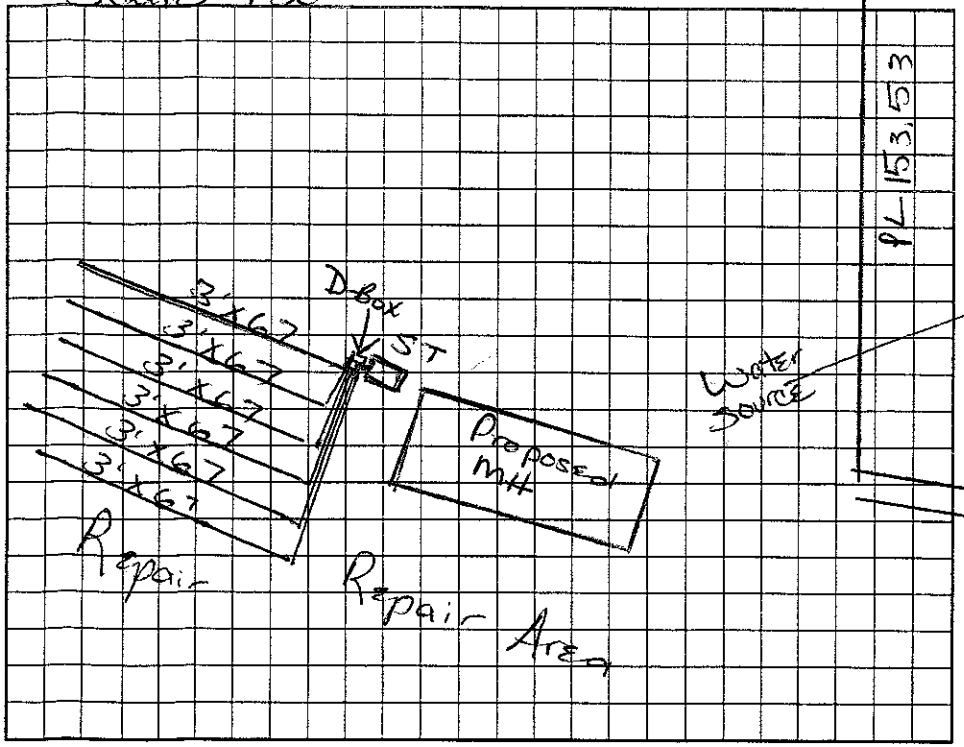
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual (Share from neighbor) ☐ Public ☐ Community

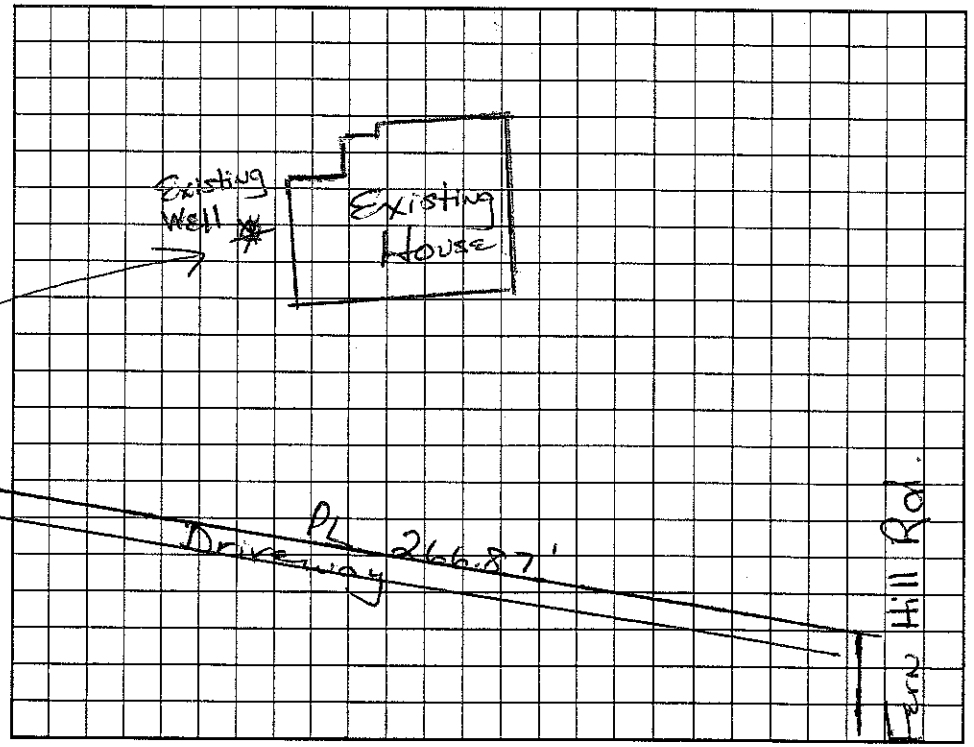
Comments:/Conditions: ← 419.25 Pl
Installed (5 @ 80')

Comments:/Conditions: Keep Septic System at least 10' From PL, 5' From House @ 100' From Existing well.

Scale = 1:50' 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: Joram P Wallace date 6-8-00 Installed by: WAYNE CLONTZ

Improvement Permit by: Maiae H Dotson RS date 6/8/2000 Operation Permit by: C. Ly RS date 7/5/00

Authorization to Construct by: Maiae H Dotson RS date 6/8/2000 Existing System Inspection by: ____ date ____

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