11:00 ✓

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 200988

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

PIN # 4649373721

APPLICANT: Walter Leach APPLICANT ADDRESS: 373 Carlyle Rd Troutman, NC 28166

SITE ADDRESS: 379 Carlyle Rd Troutman NC 28166 PHONE: 7046573953 ALT. PHONE: 704 528 5529

SITE DIRECTIONS: Hwy 115/21 N TL Flowerhouse Lp TL Carlyle Rd on left @ Old Cartway

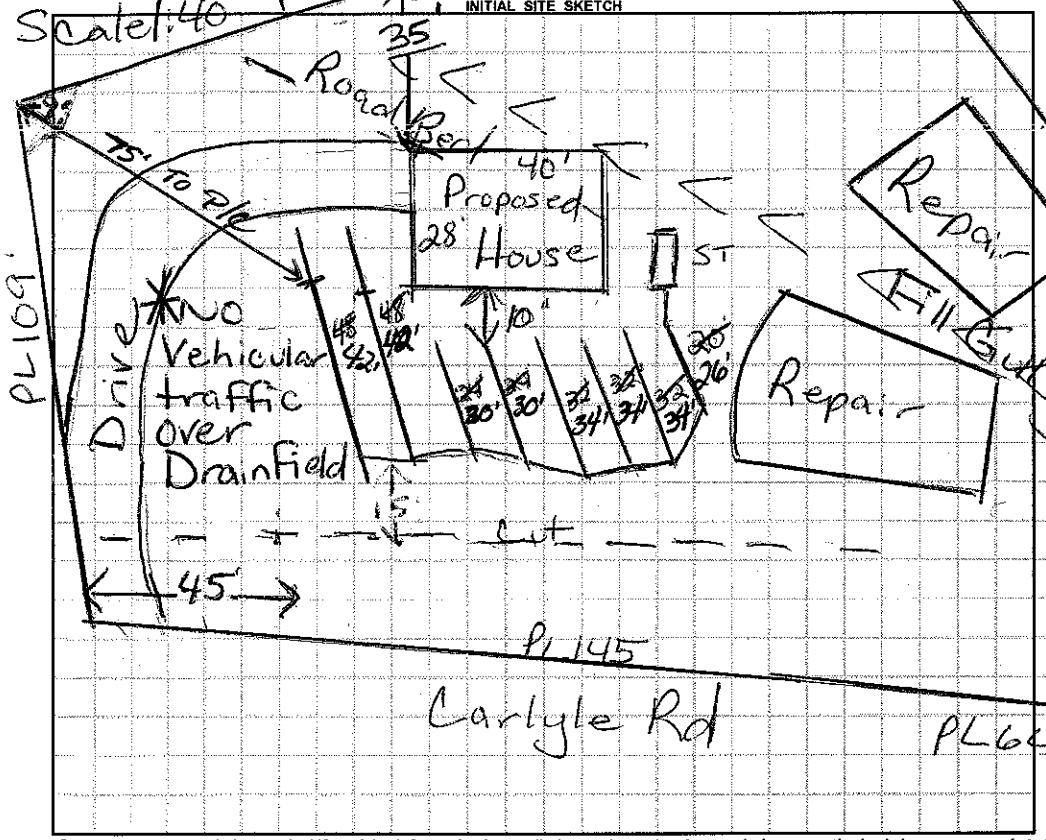
SUBDIVISION: SECTION: LOT # 1 LOT AREA: .859 Ac DESIGN FLOW: 360 L.T.A.R.: .35

Septic Tank	1000 (gal)	STB	760	Date	7/12	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reductions			☐ Business	No. Persons	☒ Private
Pump Make		Model		Serial #		Repair System Description:	1 PPBPS (Panel Bld			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	8	Linear Ft:	240'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

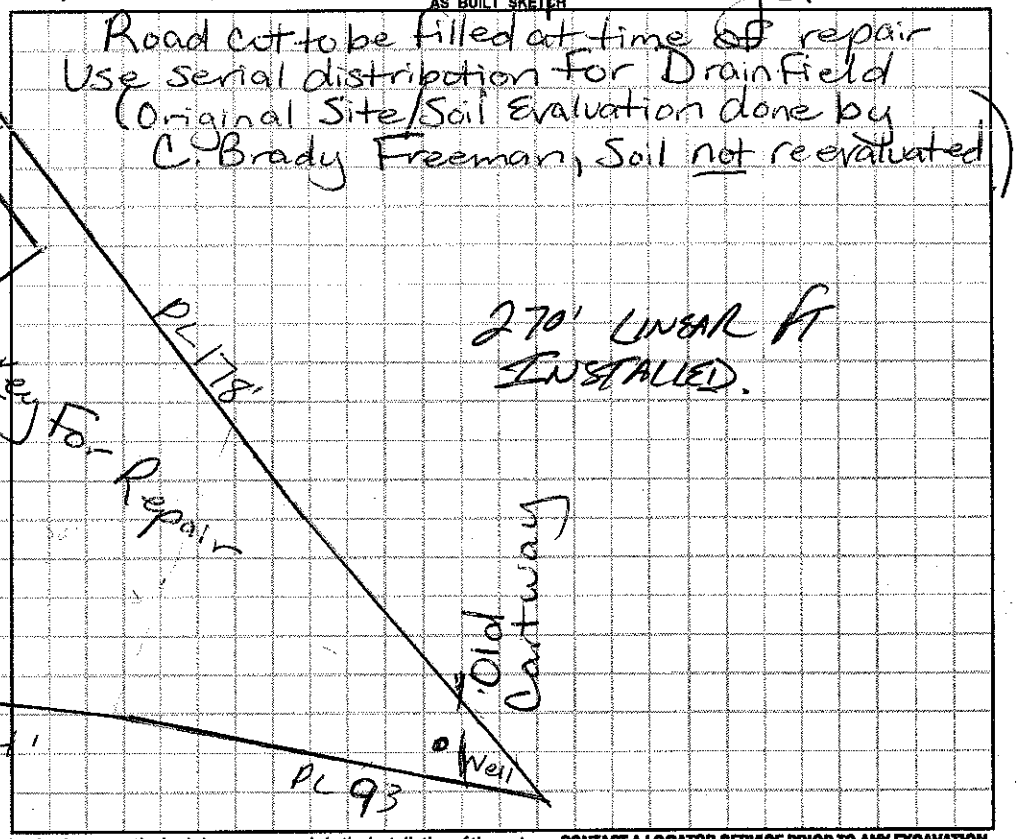
Comments / Conditions:

Fill Road Cut to 15ft off tanks & lines.
** Must build up house pad & pull out plumbing high to achieve gravity flow from House to Septic System

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

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

Owner / Applicant Signature: Walter C Leach RS Date: 8/25/2014 Installed by: A2 Backhoe

IMPROVEMENT PERMIT by: Marian H. Dotson RS Date: 8/23/14 OPERATION PERMIT by: APPROVED Date: NOV 21 2014

AUTHORIZATION TO CONSTRUCT by: Marian H. Dotson RS Date: 8/23/14 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK