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

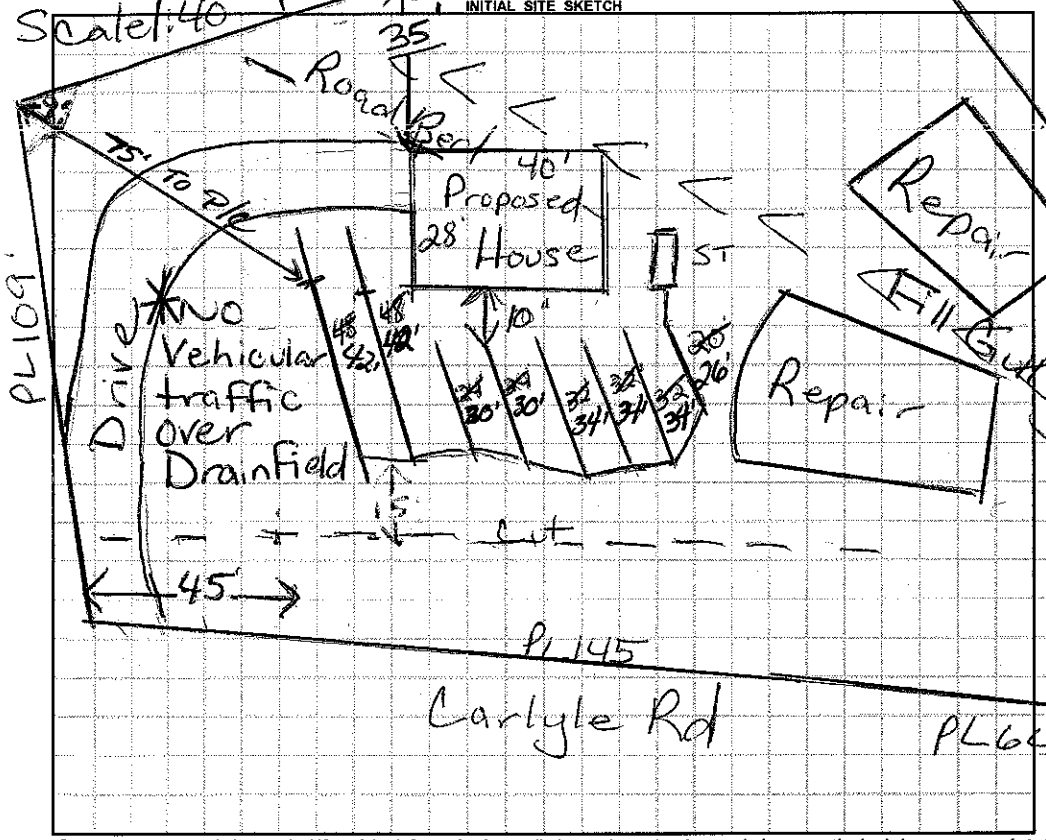
SUBDIVISION: SECTION: LOT # 1 LOT AREA: .859 Ac DESIGN FLOW: 360 L.T.A.R.: .35

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | |

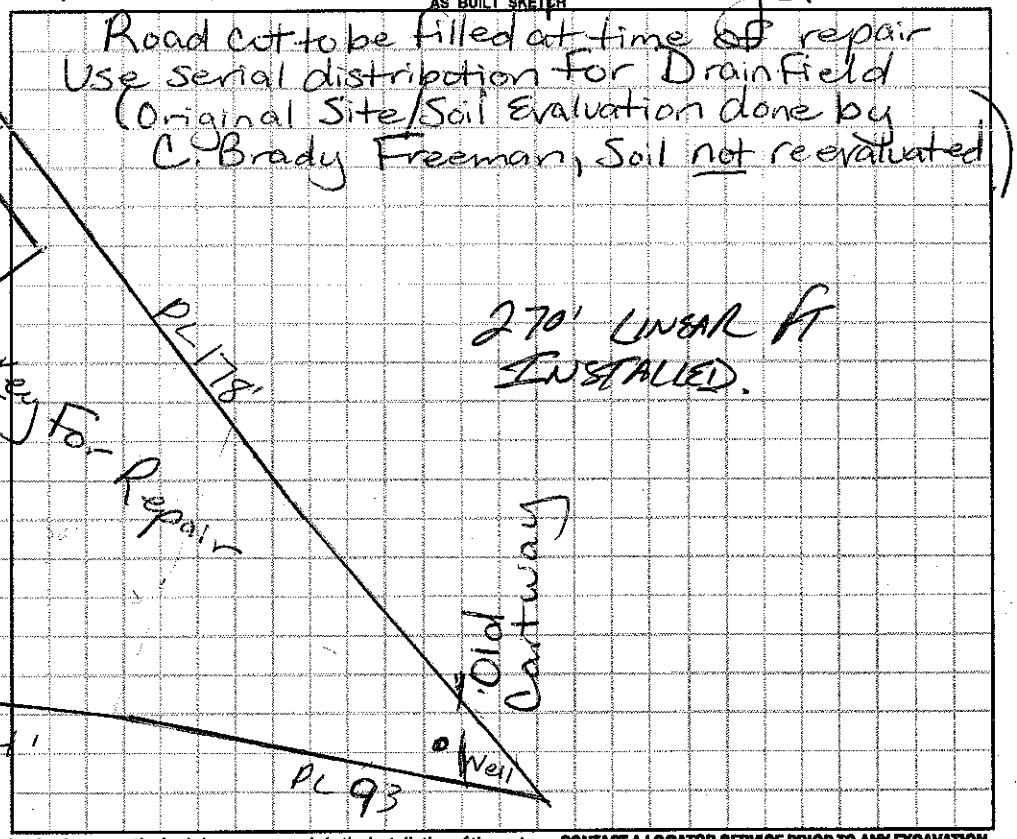
Comments / Conditions:

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