IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 0882664 PIN# 4649499303 / 4649497466 DATE 3/27/2000

OWNER OR CONTRACTOR Bessie Byers PHONE: Business _____ Home 528-6983

ADDRESS 261 Byers Rd Troutman, NC 28166

LOCATION 257 Carlyle Rd Hwy 115 N TL Flowerhouse TL Carlyle on left beside #263

SUBDIVISION Existing BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. V DESIGN FLOW 360 gpd L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

☐ 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 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

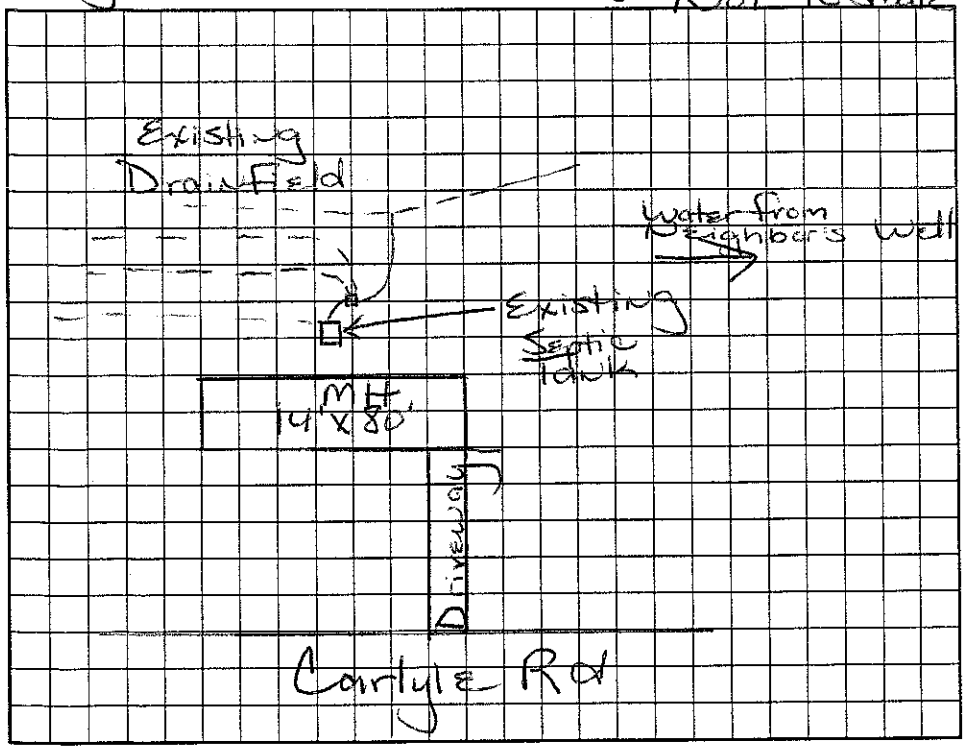
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual Shared ☐ Public/Neighbor ☐ Community

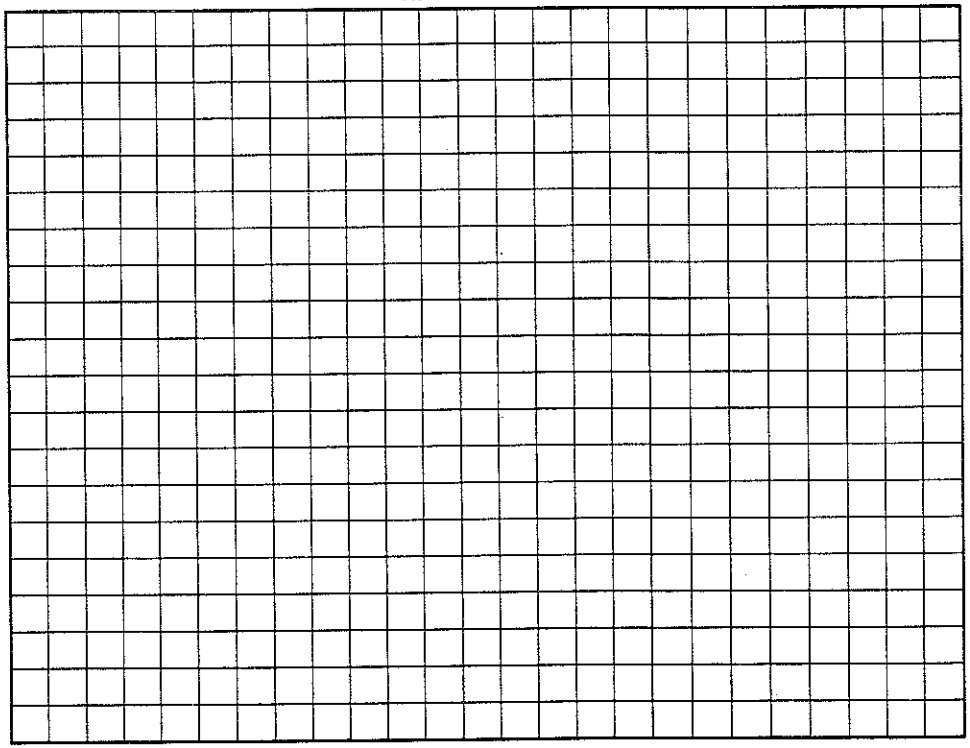
Comments:/Conditions: Existing Septic System appears to be functioning okay. No problems noticeable. Keep New MH 5' from any part of Septic System.

Comments:/Conditions: Additional lines added 6/98

INITIAL SITE SKETCH Not to Scale



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: X Bessie M. Byers date _____

Improvement Permit by: Maina H. Dotson RS date 3/27/00

Authorization to Construct by: Maina Dotson date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Maina H. Dotson RS date 3/27/00

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