IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10394920 PIN# 4649561027 DATE 3-27-2002

OWNER OR CONTRACTOR Bonnie Burch PHONE: Business _____ Home 528-4915

ADDRESS 227 Old Cartway Dr. Troutman, NC 28166

LOCATION Perth Rd TR Fend Hill TC Carlyle TR Cartway Dr at end

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

Septic Tank: Exist Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; ST 2 Date _____

Pump Make: _____ Model _____ Serial No. _____

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

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

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing Gravity Convent

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

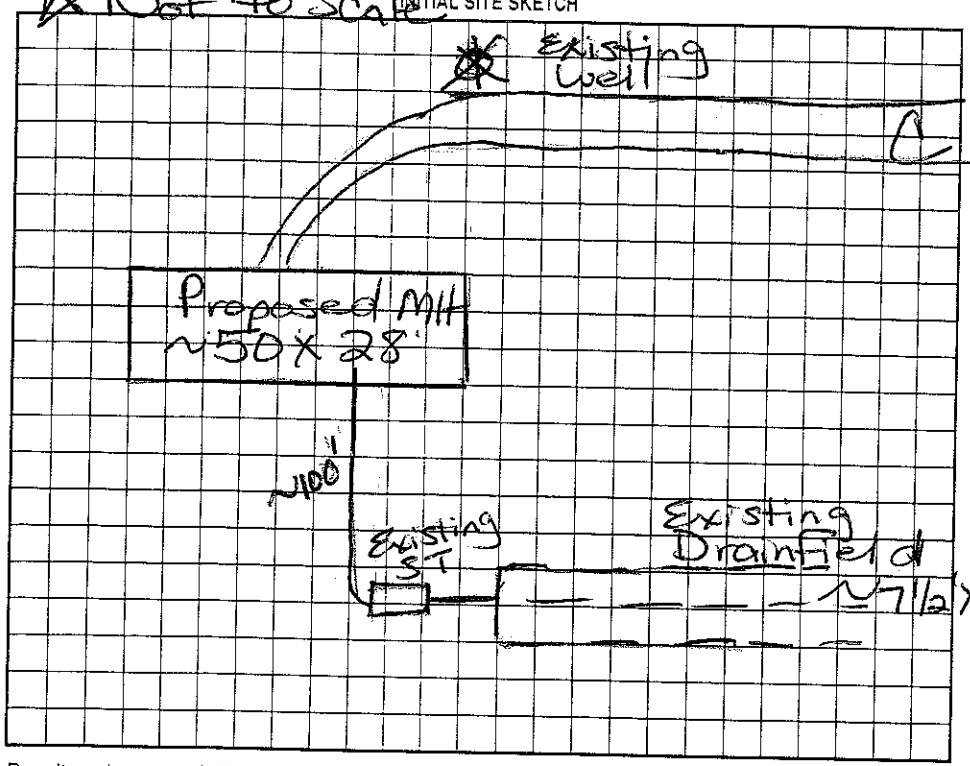
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public Shared ☐ Community

Comments/Conditions: Existing Septic System appears to be functioning okay at time of inspection.

Comments/Conditions: Original System installed 1977.

Not to Scale 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: Joe D Burch date _____ Installed by: _____

Improvement Permit by: Maria H. H. Dotson R.S. date 3/27/2002 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria H. H. Dotson R.S. date 3/27/2002

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