IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133439 PIN# ~~4049085827~~ 4649 69 4592 DATE 2-9-06

OWNER OR APPLICANT Bobby Reid PHONE: Business 704-872-4191 Home 704-528-1395

ADDRESS 186 Justin Dr. Troutman 28166

LOCATION Hwy 21 N TL Flowerhouse TR Carlyle Rd TL Justin Dr to end (165 Justin Dr)

SUBDIVISION NA BLOCK / SECTION ____ LOT ____ LOT AREA .787 Ac SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3 gpd/ft2

Septic Tank: 1000 Gallons; ST8 101 2 Date 8-17-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: Conv. gravel, gravity

Repair System Description: 25% red., gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

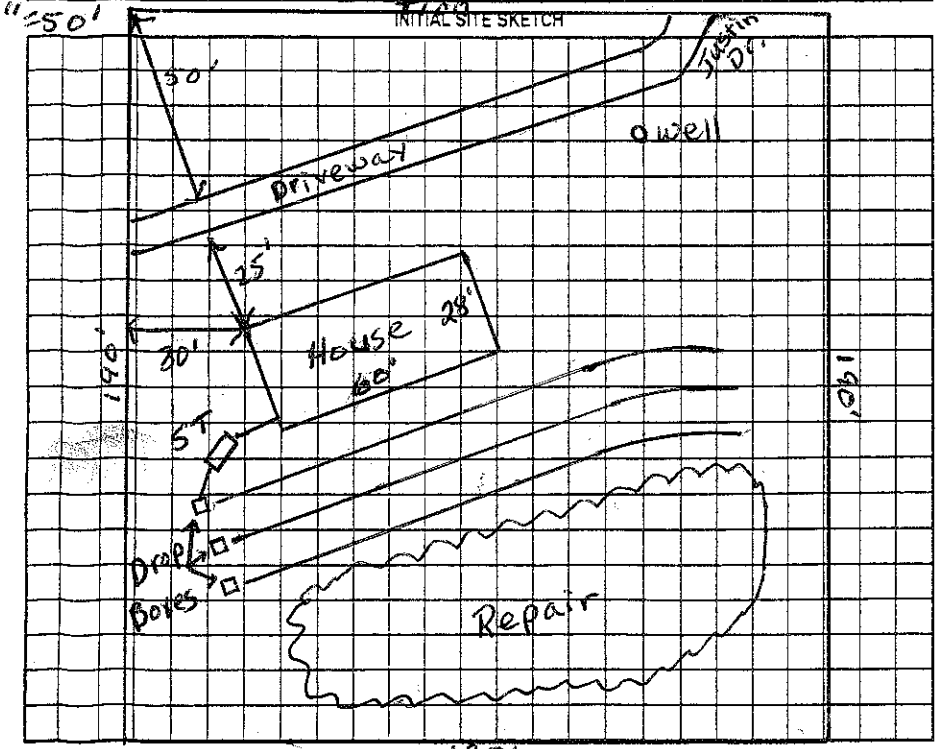
Gravel Depth 12" ☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:
185' x 190', .787 Ac Parcel as shown on site plan - a portion of 19.5 Ac.
Place new well at least 50' from septic system
25' from house foundation

Comments:/Conditions:
Septic Tank w/ marker
Yellow Infiltrator Liter
Quick 4 chambers

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as per initial site 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: Bobby Reid date 2-9-06

Improvement Permit by: Judy Melville date 2-9-06

Authorization to Construct by: Judy Melville date 2-9-06

Installed by: Craig Thompson date 3-07

Operation Permit by: Judy Melville date 3-24-06

Existing System Inspection by: ____ date ____

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