IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072651 PIN# 4649971300 41 DATE 4/22/98

OWNER OR CONTRACTOR Blaine Sutherland PHONE: Business Dewayne Jones 663-3544 Home 528-0600

ADDRESS 224 Sorrell Ln. Troutman, NC

LOCATION Rankinhill Rd TL Thoroughbred TL Sorrell ON Rt.

SUBDIVISION Palomino Pk BLOCK / SECTION ____ LOT J 24 LOT AREA .94 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3/4/98

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 4000'

No Lines 8 at 50' Trench Width 36" Max Trench Bottom Depth 28"+ Gravel Depth 12"

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

System Description: Grav - Conventional

Repair System Description: Shallow - Grav - Conv.

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

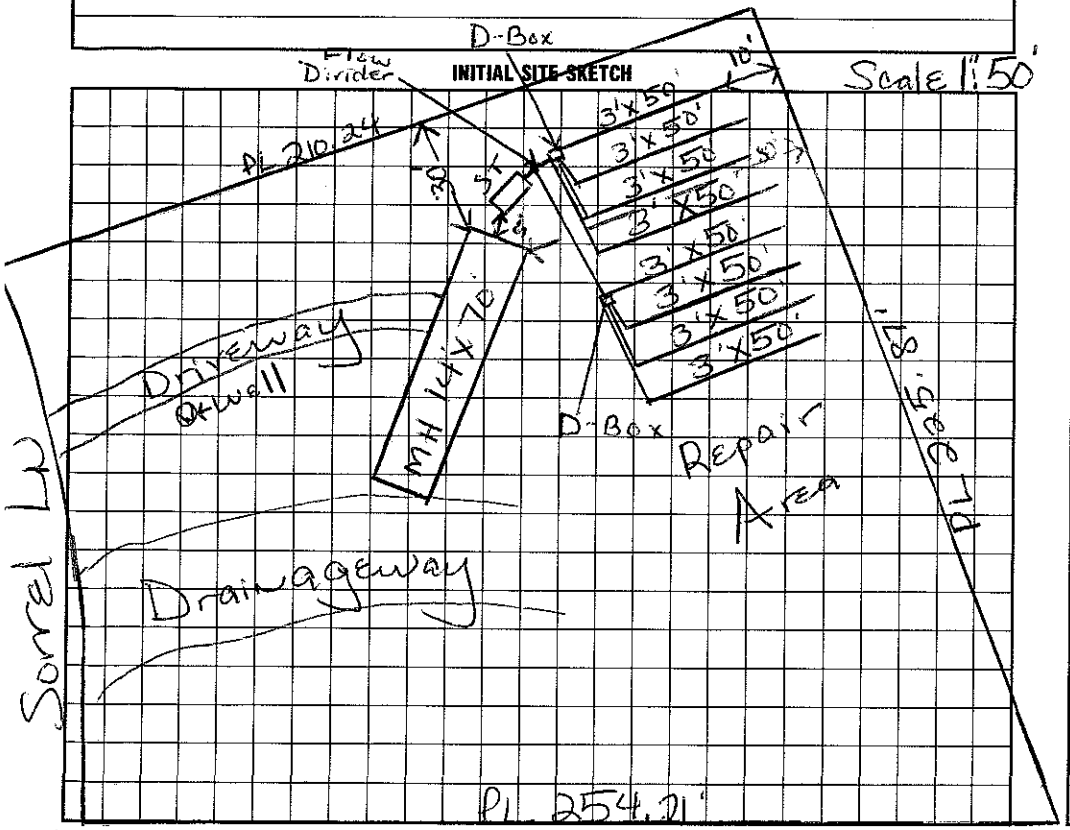
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Repair Area - Trench Bottom = 18"

Comments:/Conditions: Keep Septic System at least 10' From PL & 5' From MH & 100' From Well.

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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: Blaine W Sutherland date 4-23-98

Improvement Permit by: Maria H. H. Dotson date 4/22/98

Authorization to Construct by: Maria H. H. Dotson date 4/22/98

Installed by: TIM Ammons

Operation Permit by: C. [signature] date 5/20/98

Existing System Inspection by: ____ date ____

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