**IREDELL COUNTY HEALTH DEPARTMENT** STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 160210 PIN # 4659260440 DATE 6-14-2010

OWNER or APPLICANT Damian Nagorko PHONE: Business 973 738-3769 Home: 704 528-1220

OWNER or APPLICANT ADDRESS 110 Clear Springs Rd Troutman, NC

LOCATION / DIRECTIONS US 115/21 N TL Clear Spgs. 2nd on right

SUBDIVISION Autumn Grove BLOCK / SECTION 1 LOT # 2 LOT AREA .55Ac. DESIGN FLOW 480gpd L.T.A.R. .275

Septic Tank 1000 Gallons: STB 794 Date 2/24/08

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 8 Linear Feet 296'

Trench Width 8 to 37" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity - Panel Block

Repair System Description: LP - Panel Block

Maintenance Agreement Required ☐ YES ☒ NO Not Initially

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

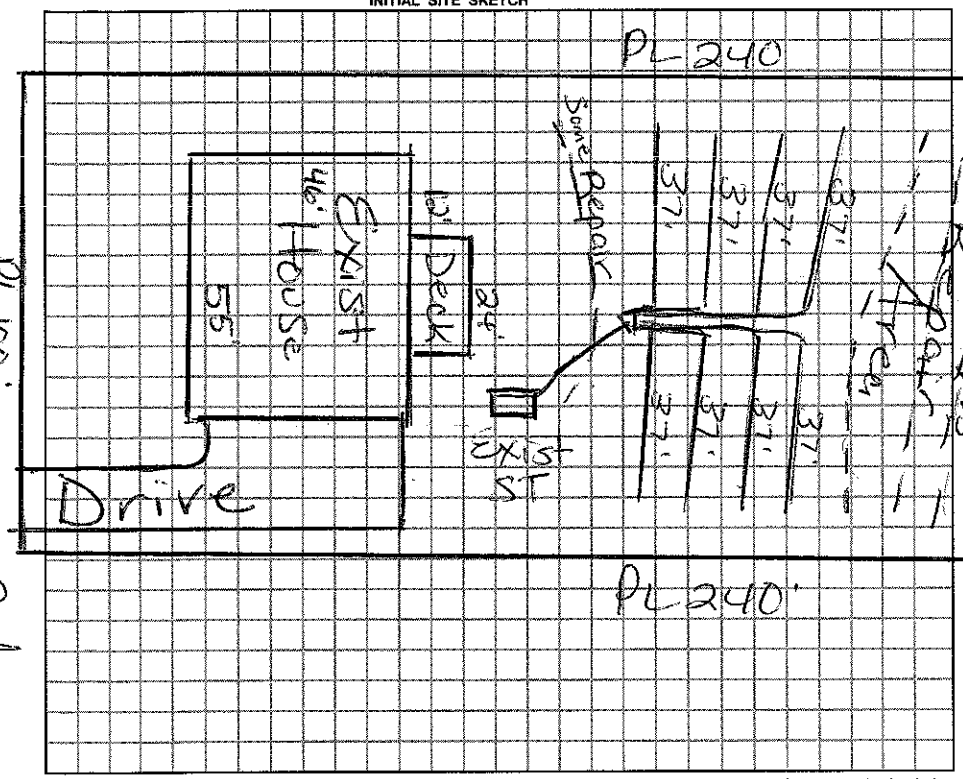
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

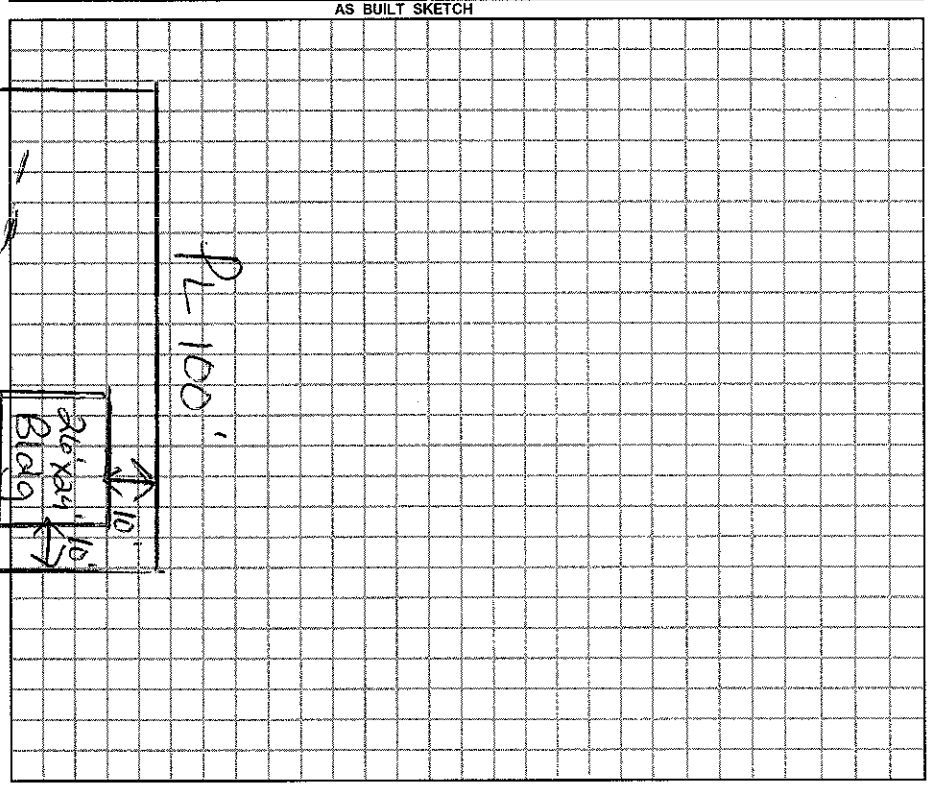
Comments / Conditions: Existing Septic System appears to be functioning okay at time of inspection. Scale 1:40

Comments / Conditions: Must keep Building at least 5ft off Septic System including "repair area".

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Damian Nagorko Date 06-15-2010

Improvement Permit by: ____ Date ____

Authorization to Construct by: ____ Date ____

Installed by: ____

Operation Permit by: ____ Date: ____

Existing System Inspected by: Maria Hall Dotson REHS Date: 6/14/2010

***YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.***

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant