IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134998 PIN# 4659783465 4659784618 DATE 3/26/07

OWNER OR APPLICANT Paul McClain PHONE: Business _____ Home _____

ADDRESS 455 Shepherd Rd Troutman NC 28166

LOCATION Hwy 21/115 N, Rt on Shepherd, about 1 mile on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.5 Acre SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1017 Date 5/8/07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 5@96' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

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

System Description: Gravity → 25% Reduction

Repair System Description: LP Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

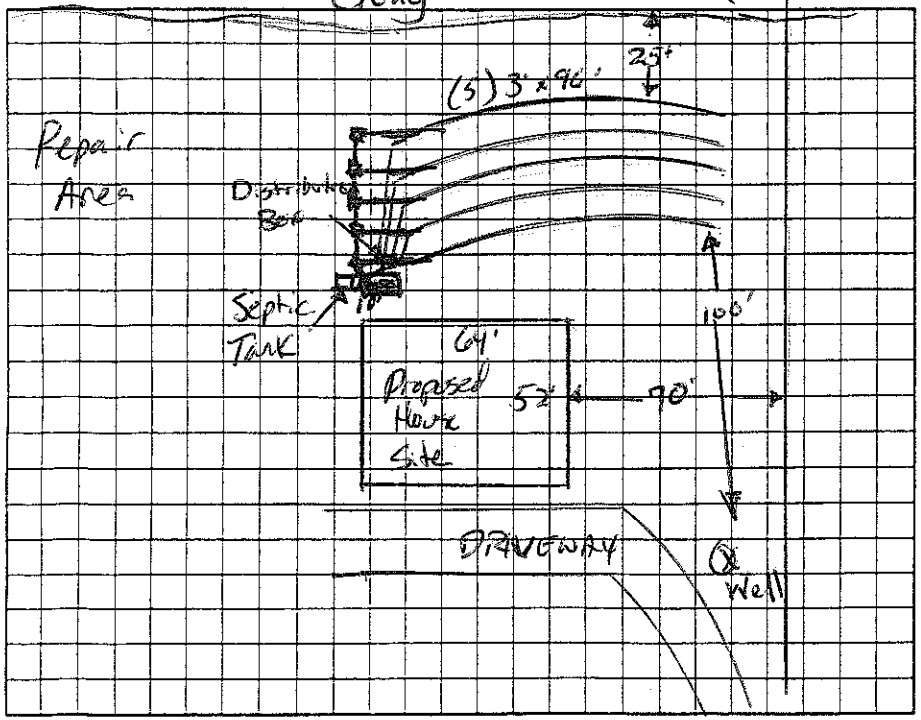
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: 1) Shave off any burmes in septic area

2) Keep bottom drain lines AT LEAST 25ft above gully

NOTE TO SCALE

INITIAL SITE SKETCH



Comments/Conditions:

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: _____ date 3-28-07 Installed by: David Young

Improvement Permit by: John E Clark date 3/28/07 Operation Permit by: Wesley Sparkman date 11/29/07

Authorization to Construct by: John E Clark date 3/28/07 Existing System Inspection by: _____ date _____

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