IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 87685 PIN# 4702835229

OWNER OR CONTRACTOR Keith James PHONE: Business _____ Home 5280783 DATE March 3, 2000

ADDRESS 427 W. Ave Troutman, NC 28166

LOCATION Old MTRd 5th (R) Elewis Ferry (L) E. Fola (R) Barbary Lt on Left

SUBDIVISION Lansdowne BLOCK / SECTION _____ LOT 21 LOT AREA 1.16 SITE CLASS P3 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 2-30-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% Reduction GRAVITY
Repair System Description: Reduction Pump
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

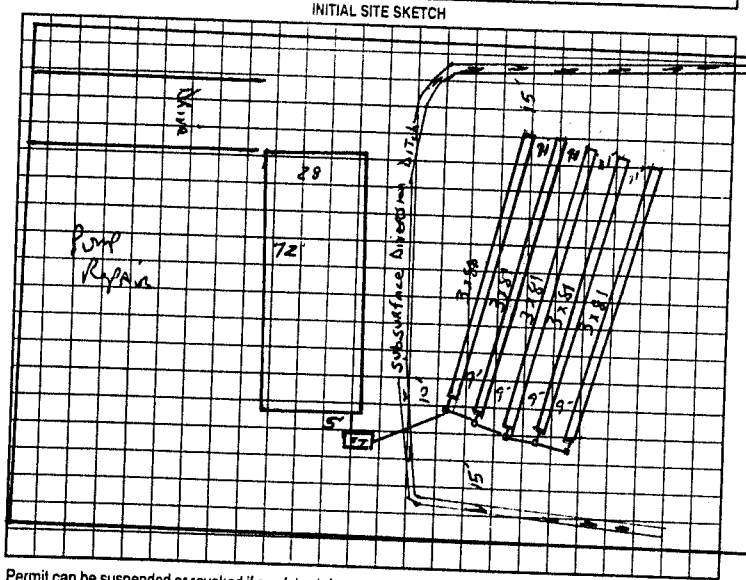
☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

Water Supply: ☐ Individual ☒ Public ☐ Community

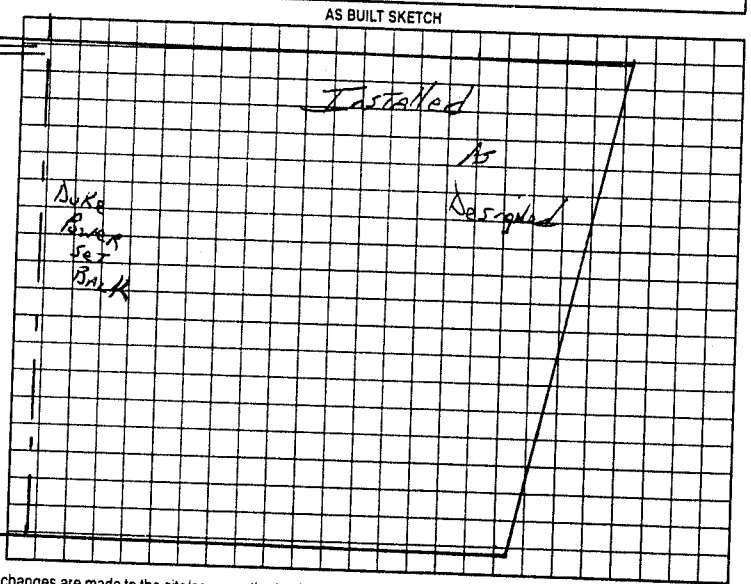
Comments:/Conditions: 65 Chambers or 40 HDS Sections
Install on Contour. Use Shallow placement Type Chambers
Install Subsurface Intercept Drainage Ditch at min. 36"
out to Daylight As shown.

Comments:/Conditions:
(Shallow Cover) S.C.

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: _____ date 3-9-00 Installed by: Marty Tucker

Improvement Permit by: J.C. Potter date March 3 2000 Operation Permit by: J.C. Potter date May 11, 2000

Authorization to Construct by: J.C. Potter date March 3, 2000 Existing System Inspection by: _____ date _____

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