IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 173708 PIN # 4703461878 DATE 7-24-12

OWNER Troutman Family Limited Part APPLICANT: Tony Capoto PHONE: Home/Cell # 704-400-5481 Business # N/A

SITE ADDRESS 139 Cub Farm Rd. OWNER / APPLICANT ADDRESS 232 Davie Ave Statesville

SITE DIRECTIONS Hwy 70 W TR Shady Rest Rd TR Cub Farm Rd.

SUBDIVISION Morrow Meadows BLOCK / SECTION N/A LOT # 14 LOT AREA 0.471 DESIGN FLOW 360 g.p.d. L.T.A.R. 0.25

Septic Tank 1000 Gallons: STB 1000 Date 12-9-11
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
No. Nitrification Fields: 1 No. Lines 6 Linear Feet 360
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI
System Description: 25% Reduction - gravity
Repair System Description: Pretreat TSI Conventional
Maintenance Agreement Required ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

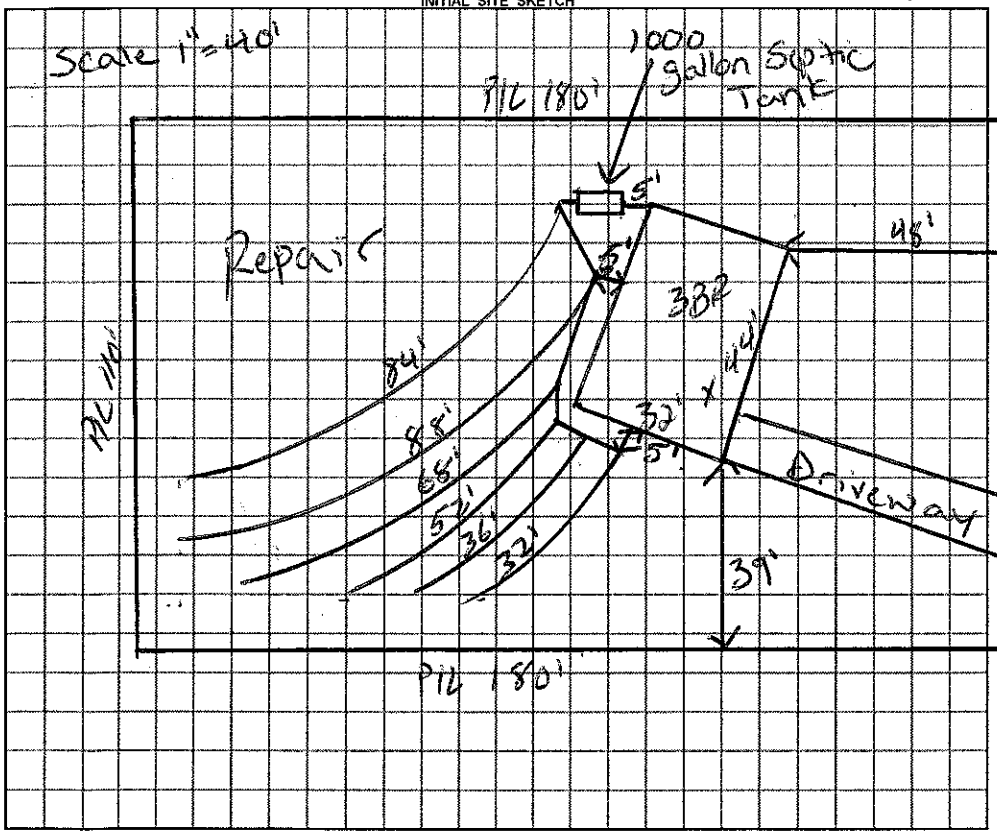
☑ Residence No. Bedrooms 3 BR
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

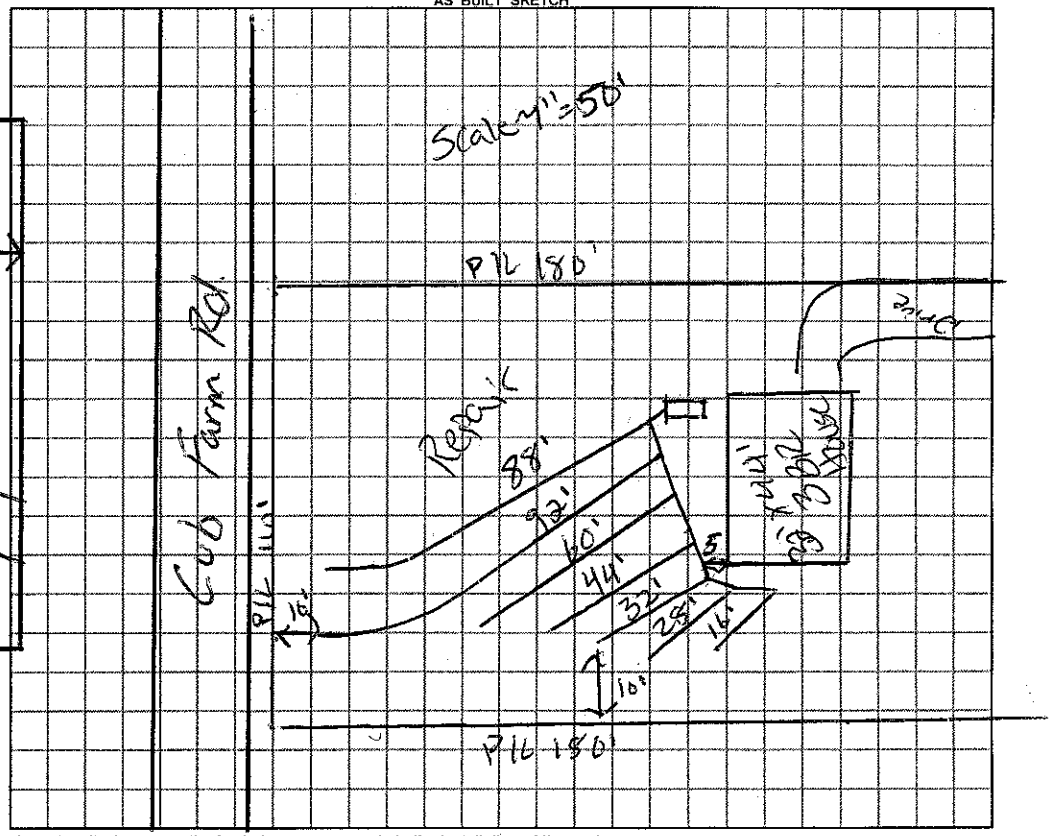
Comments / Conditions: Install 25% Reduction System on contour w/ serial distribution. No grading allowed. Stubbing plumbing out high enough to achieve fall to tank and maximum trench depths of 36".

Red Polylock Filter installed; 2" PVC septic tank marker; Infiltrator Quick 4 installed

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 ~~plat valid without expiration~~ site plan valid 60 mo.* ☑ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: ____ Date ____ Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Justin Henderson REHS Date 7-24-12 OPERATION PERMIT by: Justin Henderson REHS Date 9-21-12

AUTHORIZATION TO CONSTRUCT by: Justin Henderson REHS Date 7-24-12 Existing System Inspected by: ____ REHS Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant